

L140000092650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

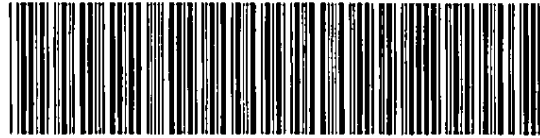
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301998621

08/08/17--01008--003 **25.00

FILED
2017 AUG 21 PM 1:48
STATE OF ARIZONA
TALLAHASSEE

AUG 23 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VICTORY RECOVERY HOUSE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WANDA PEREZ

Name of Person

VICTORY RECOVERY HOUSE LLC

Firm/Company

12305 NW 26TH STREET

Address

CORAL SPRINGS, FLORIDA 33065

City/State and Zip Code

WPEREZ1189@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WANDA PEREZ

954 854-7152

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2664 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2017

WANDA PEREZ
12305 NW 26TH STREET
CORAL SPRINGS, FL 33065

SUBJECT: VICTORY RECOVERY HOUSE LLC
Ref. Number: L14000092650

FILED
2017 AUG 21 PM 1:48
TALLAHASSEE, FLORIDA

We have received your document for VICTORY RECOVERY HOUSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00016440

See Last
Page.
Thanks!
~

FILED
2017 AUG 21 AM 10:26
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VICTORY RECOVERY HOUSE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/10/2014 and assigned
Florida document number L14000092650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1437 NW 3RD AVENUE

FORT LAUDERDALE, FLORIDA 33311

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAVIER ALBERTO CHIA

New Registered Office Address:

1437 NW 3RD AVENUE

Enter Florida street address

FORTLAUDERDALE

Florida 33311

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---------------------|--|
| MGR | PEREZ, WILLIAM SR | 508 SW 11TH STREET | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input checked="" type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |
| MGR | PEREZ, WANDA E | 508 SW 11TH STREET | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input checked="" type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |
| MGR | COPELAND, EDWIN P | 508 SW 11TH STREET | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input checked="" type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |
| MGR | COPELAND, SARA | 508 SW 11TH STREET | <input type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input checked="" type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |
| MGR | CHIA, JAVIER ALBERTO | 508 SW 11TH STREET | <input checked="" type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |
| MGR | CHIA, JAVIER ERNESTO | 508 SW 11TH STREET | <input checked="" type="checkbox"/> Add |
| | | FORT LAUDERDALE, FL | <input type="checkbox"/> Remove |
| | | 33315 | <input type="checkbox"/> Change |

2017 AUG 24 PM 4:48
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/15/2017 BY 60322 UCBAW

[illegible]

E. Effective date, if other than the date of filing: August 17, 2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/17/17

Signature of a member or authorized representative of a member

WANDIA PEREZ

Typed or printed name of signee

FILED
2017 AUG 21 PM 1:48
FBI - TAMPA
TAMPA, FL 33601