

L14000160760

Florida Department of State  
Division of Corporations  
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DIVISION OF STATE  
CORPORATIONS

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ROBERT LEE SHAPIRO, P.A.  
Account Number : I19990000101  
Phone : (561)691-0059  
Fax Number : (561)691-0066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gino@harpTreatmentcenter.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2615 LAKE DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

NOV - 5 2014

A. LUNT

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2615 Lake Drive, 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 October 14, 2014 and assigned Florida document number L14000160760.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2655 North Ocean Drive, #103

Singer Island, Florida 33404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2655 North Ocean Drive, #103

Singer Island, Florida 33404

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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STATE OF MICHIGAN  
DIVISION OF REVENUE

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 4, 2014

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**ROBERT LEE SHAPIRO, Authorized Agent**  
 \_\_\_\_\_  
 Typed or printed name of signee

DEPARTMENT OF STATE  
 28TH NOV -4 PM 1:19

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