Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000256935 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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. **

gino@harptreatmentcenter.com

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

#410 E1111 B111 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$25.00	

HOV - 5 2014

A. LUKT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2615 Lake Drive	•				
(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 <u>L14000160760</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new pame of the limited liabil	lity company here:				
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	2				
(Principal office address MUST BE A STREET ADDRESS)	2655 North Ocean Drive, #103				
	Singer Island, Florida 33404				
Enter new mailing address, if applicable:	The second secon				
(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 off 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is				
If Chane	ing Registered Agent, Signature of New Registered Apent				

(((H14000256935 3)))

Page 1 of 3

(((IIITUVUEUVUU.	,,,
------------------	-----

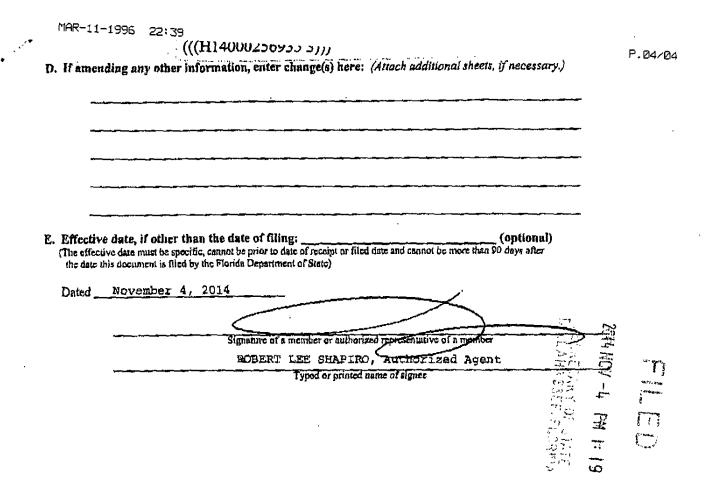
P.03/04

P. 03/04
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 = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
			[C] Add
			□ Remove
			Add Remove
			□ Remove
			□ Remove
			☐ Add
			☐ Remove
. 			
			□ Remove

(((H14000256935 3)))

Page 2 of 3



Page 3 of 3

Filing Fee: \$25.00

(((H140002569353)))