

L14000165239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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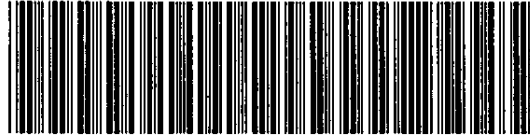
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guiton NOV-21 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Amethyst Recovery Center, 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:

**Julie Anne Treacy, Esq.**  
Name of Person  
**Amethyst Recovery Center, LLC**  
Firm/Company  
**127 SW East Danville Circle**  
Address  
**Port Saint Lucie, Florida 34953**  
City/State and Zip Code  
**julieannetreacy@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Julie Anne Treacy, Esq.** at **954** **610-7912**  
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  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 NOV 14 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amethyst Recovery Center, 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 23, 2014 and assigned Florida document number L14000165239.

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)

2000 SE Port Saint Lucie Blvd.  
Port Saint Lucie, Florida 34953

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2000 SE Port Saint Lucie Blvd.  
Port Saint Lucie, Florida 34953

**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: Julie Anne Treacy, Esq.

New Registered Office Address: 2000 SE Port Saint Lucie Blvd.

*Enter Florida street address*

Port Saint Lucie, Florida 34953  
*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.*

Julie Treacy  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas Zarnawski	1074 SW Mantilla Avenue	<input type="checkbox"/> Add
		Port Saint Lucie, Florida 34953	<input checked="" type="checkbox"/> Remove
MGR	Lisa Flynn	2256 SE Haddon Street	<input type="checkbox"/> Add
		Port Saint Lucie, Florida 34984	<input checked="" type="checkbox"/> Remove
MGR	Ruth J. Worsham	661 SW McCracken Avenue	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, Florida 34953	<input type="checkbox"/> Remove
MGR	Samuel Kesaris	6701 NW 33rd Way	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input type="checkbox"/> Remove
MGR	Paul Vincent Materia	160 SW Meade Circle	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, Florida 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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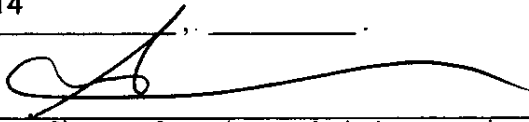
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 11, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Ian Michael Treacy**

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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