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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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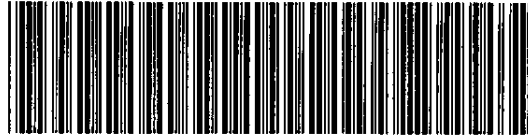
(Business Entity Name)

(Document Number)

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J. Shivers JAN 22 2015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Treacy, Esq.

Name of Person

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 Treacy, Esq.

954 610-7912
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
2661 Executive Center Circle
Tallahassee, FL 32301

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

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.

Suite B

Port Saint Lucie, Florida 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 SE Port Saint Lucie Blvd.

Suite B

Port Saint Lucie, Florida 34952

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

New Registered Office Address:

2000 SE Port Saint Lucie Blvd., Suite B

Enter Florida street address

Port Saint Lucie

Florida 34952

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anthony Gentile Jr.	201 Cherokee Trail	<input checked="" type="checkbox"/> Add
		Wilmington, North Carolina 28409	<input type="checkbox"/> Remove
MGR	Ruth Worsham	661 SW McCracken Avenue	<input type="checkbox"/> Add
		Port Saint Lucie, Florida 34953	<input checked="" type="checkbox"/> Remove
AMBR	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
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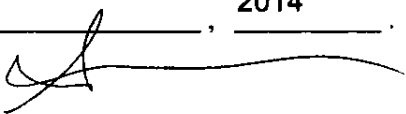
15 JUN 12 AM 8:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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 December 12, 2014



Signature of a member or authorized representative of a member

Ian Michael Treacy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA