L15000002887

(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:

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08/18/15--01011--001 **11.25

08/07/15--01005--014 **43.75

FILED
2015 AUG 17 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan AUG 18 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2015

DONNA HEDGEPETH
5111 NW 1ST AVENUE
FT. LAUDERDALE, FL 33309

SUBJECT: HELPING HANDS RECOVERY CENTER, LLC
Ref. Number: L15000002887

We have received your document for HELPING HANDS RECOVERY CENTER, LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 615A00016794

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hands 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:

Donna Hedgepeth
Name of Person

Helping Hands Recovery Center, LLC
Firm/Company

5111 NW 1st Ave
Address

Ft Lauderdale, Fl 33309
City/State and Zip Code

Donna-Hedgepeth@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Hedgepeth at (954) 261-2580
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
2015 AUG 17 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Helping Hands 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 01/06/2015 and assigned Florida document number L15000002887.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4101 N Andrews Ave Suite 209
Oakland Park, Fl 33309

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

N/A

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: David M Austin

New Registered Office Address: 4101 N Andrews Ave Suite 209
Enter Florida street address

Oakland Park, Fl, **Florida** 33309
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 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

Title	Name	Address	Type of Action
MGR	David M Austin	5111 NW 1st Ave	☒ Add
		Ft Lauderdale, Fl 33309	☐ Remove
			☐ Change
MGR	Donna Hedgepeth	5111 NW 1st Ave	☐ Add
		Ft Lauderdale, Fl 33309	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 8/11/2015 **(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/11/2015

Donna Hedgepath
Signature of a member or authorized representative of a member

Donna Hedgepath
Typed or printed name of signee

Filing Fee: $25.00