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COVER LETTER

| Division of Corporations |
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| SUBJECT: FIRST STEP DETOX, 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: |
| DENIS HOLMES Name of Person |
| FIRST STEP DETTY, LLC |
| 2600 QUANTUM BLUD |
| BOYNTON BEACH, FL 33426 City/State and Zip Code DENIS & BEACHWAY THEOLOGY ENTRY COM E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual seport notification) |
| For further information concerning this matter, please call: |
| DENIS HOLMES at (BT) Z84-0353 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee & S30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (A Fiorida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on 1142015 and assigned Florida document number L1500019068 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: \[\int \] 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) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 oddress |
| , Florida |
| 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

Type of Action <u>Address</u> **Title** <u>Name</u> M OLIVIA D Change DbA □ ☐ Remove Change □ Add □ Remove ☐ Change _C Add ☐ Remove _☐ Change _□ Add _□ Remove ☐ Change □ Add ... □ Remove _ Change

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Filing Fee: \$25.00