

L15000046917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

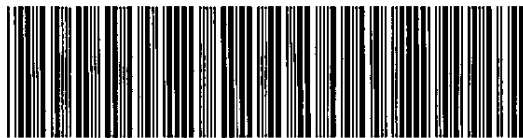
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 18 PM 4:58
TALLAHASSEE, FLORIDA

T. Bush MAY 19 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIME 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:

Erika Gonzalez

Name of Person

TIME Recovery Center LLC

Firm/Company

120 Lancaster Way

Address

Royal Palm Beach, FL 33414

City/State and Zip Code

egonzalez@timerecoverycenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Gonzalez

561

317-4010

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

TIME Recovery Center LLC

The Articles of Organization for this Limited Liability Company were filed on 3/16/15 and assigned Florida document number **L15000046917**

A. If amending name, enter the new name of the limited liability company here:

Royal Palm Beach, FL 33414

Zip Code

Page 1 of 3

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	Patricia M Boyle	138 Gregory Place	☐ Add
		West Palm Beach, FL 33405	☒ Remove
AMBR	Moises Gonzalez	120 Lancaster Way	☒ Add
		Royal Palm Beach, FL 33414	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

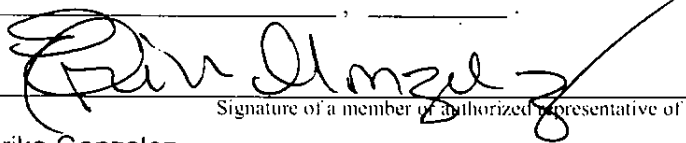
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 10, 2015



Signature of a member or authorized representative of a member

Erika Gonzalez

Typed or printed name of signee

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Filing Fee: \$25.00

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