L15000057623

(Re	equestor's Name)	
(Ac	idress)	
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(0)	ty/State/Zip/Phone	- ()
(C)	ty/State/Zip/Pflorit	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
(DC	ocument number)	
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Seacrest Re	covery Center LLC	,	·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Josh Fenster		
	Seacrest Recovery Center	Name of Person LLC	
	638 East Ocean Avenue	Firm/Company	
	Boynton Beach FL 33435	Address	
	joshfenster1@gmail.com	City/State and Zip Code	
For further information co	E-mail address: (to be used for future annual report notifull;	leation)
Josh Fenster		954 3044928 at ()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	S30.00 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)
Registra Divisio P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cel Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seacrest Recovery Center LLC	2019 11 77 - 6 711 8: 14
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000057623	Company were filed on 04-01-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	_
	Enter Florida street address
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jared Pruzan	111 NORTH PINE ISLAND ROAD	
		Plantaion Fr, 33324	Add
			Remove
			Change
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(If an ef) Note:	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11.4.19
	1/2/
	Signature of a member or authorized representative of a member
	Von Forta
	Typed or printed name of signee

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Filing Fee: \$25.00