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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2018

JUSTIN WILLIAMS 3333 S CONGRESS AVE STE 402 DELRAY BEACH, FL 33445 US

SUBJECT: IMMERSION RECOVERY CENTER, LLC

Ref. Number: L15000090514

We have received your document for IMMERSION RECOVERY CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

0

Letter Number: 118A00016940

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Immersion Recovery Center, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records. ida Limited Liability Company)	)
The Articles of Organization for this Limited Liability	Company were filed on 05/21/2015	and assigned
Florida document number L15000090514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
D		SECRE TALL
Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		
		SOF
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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>	Name	<u>Address</u>	Type of Action
CEO	David Ray	3333 South Congress Ave	
		Suite 402	■ Remove
		Delray Beach, FL 33445	☐ Change
CEO Joshua	Joshua Scott	3333 S Congress Ave	■ Add
	<del>-</del>	Suite 402	☐ Remove
		Delray Beach, FL 33445	☐ Change
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Filing Fee: \$25.00