

215 0000 95765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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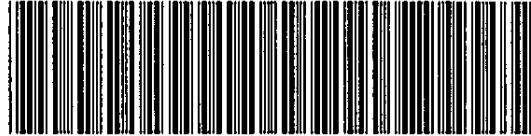
(Business Entity Name)

(Document Number)

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AUG 08 2016

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hope Addiction Solution  
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:

Derek Wolford Nick Cuneo

Name of Person

Hope Addiction Solution LLC

Firm/Company

Principal: 1116 DecWood Ave, Tampa, FL 33613, Mailing: 13308 Wadding Oak Ct,  
Tampa, 33612

Address

Tampa 33613

City/State and Zip Code

Tampa 33612

Derek@CleanRecoveryCenters.com

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

For further information concerning this matter, please call:

Derek Wolford

Name of Person

at ( 734 ) 330 4919

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

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TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Hope Addiction Solution 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 6/01/2015 and assigned Florida document number L15000095765.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: Clean Recovery Transitional Living LLC

Clean Recovery ~~LLC~~ Transitional Living LLC  
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)

1116 Dogwood Ave  
Tampa FL  
33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13308 Winding Oak Ct  
Tampa FL  
33613

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:

Jeff Gandelman

New Registered Office Address:

1116 Dogwood Ave, Tampa FL 33613  
Enter Florida street address

Tampa, Florida 33613  
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.

Jeff Gandelman  
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>      | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|------------------|----------------------|--------------------------------------------|
| MGR          | Derek Wolfford   | 13308 Winding Oak Ct | <input type="checkbox"/> Add               |
|              |                  | Tampa 33612          | <input checked="" type="checkbox"/> Remove |
|              |                  |                      | <input type="checkbox"/> Change            |
| MGR          | Jeff. Gundelmann | 4702 Cresson Court   | <input checked="" type="checkbox"/> Add    |
|              |                  | Tampa FL 33624       | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |
|              |                  |                      | <input type="checkbox"/> Add               |
|              |                  |                      | <input type="checkbox"/> Remove            |
|              |                  |                      | <input type="checkbox"/> Change            |

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 7/28/16,

X Har Curren  
Signature of a member or

Signature of a member or authorized representative of a member

Typed or printed name of signee