L15000 112612

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700287087777

06/21/16--01016--020 **25.00

TALL A DANS SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		•	· •				
Retreat Pr	emier Addiction Services LLC						
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	David Silberstein						
		Name of Person		•			
		Firm/Company	. 	SE TAL	ति जि		
	1377 East 4th Street			1980 1980	ال	-7	
		Address		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	JUN 21		
	Brooklyn, NY 11230						
	rgross@coalcapitalgroup.co	City/State and Zip Code		03:0 11:7:1	PH 12: 24		
		to be used for future annual report notif	ication)	I#'''	<u>.</u>		
For further information	concerning this matter, please c	all:					
Reizy Gross		718 682-2600 at ()					
Name	of Person		Telephone Number				
Enclosed is a check for	the following amount:						
■ \$25.00 Filing Fee	0 Filing Fee Square \$\square\$ \$\square\$ \$\$30.00 Filing Fee & \$\square\$ \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$						
	LING ADDRESS: tration Section	STREET/COURING Registration Section					

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(Name of the Limited Liebility Com	many as it now annears on our records
(A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compares Florida document number £15000112612.	ny were filed on 06/29/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Retreat Premier Addiction Treatment Centers LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4020 Lake Worth Road
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33461
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	<u>Address</u>	Type of Action
MGR	David Silberstein		□ Add
		4020 Lake Worth Road	☐ Remove
		Lake Worth, FL 33461	■ Change
MGR	Peter Schorr		
		4020 Lake Worth Road	□ Remove
		Lake Worth, FL 33461	■ Change
			Add
			□ Remove
			NEC □ Change
			NE DAMO TO THE PROPERTY OF THE
			□-Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

													_
		·									· ——•		
													_
													
										<u> </u>			_
													_ .
									<u> </u>				-
	- · · · · · · · · · · · · · · · · · · ·												
								-			- i s	Ğ	
											100		_
													-
											<u>yar.</u> m=		_ =
											STX		
											=======================================	24	_
												<u></u>	
ective d	late, if oth	er than t	the date	of filing	r :					(optic	nal)		
effective	e date is liste	d, the date	must be spe	cific and	cannot be	e prior to	date of fil	ing or mor	e than 90	days after	filing.) Pursu	ant to 6	605.020
ument's	s effective	rted in this	s biock do e Departm	es not m ent of St	icet the a tate's red	applicab cords.	le statuto	ry filing	requirem	ents, this	date will n	ot be li	isted a
			•										
record	specifie	s a dela	ved effe	ctive d	ate hi	it not :	an effe	tive tir	ne at 1	2·01 a	.m. on th		rlior i
he 90t	th day af	ter the r	ecord is	filed.	a.c, 50	ac 110c (arr circ.		110, 00 2	. 2. 0 1 0		c cai	1101
ed	6 -	-17-	16										
						1	. '						
		0/		/_				-					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee