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#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations '		
SUBJECT:		OPERTY MANAGEMENT, I		
SUBJECT	<del></del>	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		TIMOTHY K. ANDERSO	N, ESQ.	
			Name of Person	
THE LAW OFFICE OF T			IMOTHY K. ANDERSON	
			Firm/Company	
		480 MAPLEWOOD DRIV	•	,
			Address	
	JUPITER, FLORIDA 33458			
		,	City/State and Zip Code	<del></del>
		sarahsackslcsw@aol.com	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please co		
SARAH SA			561 575-2020	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on
		ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	enter Circle

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, LA VIA PROPERTY MANAGEMENT, LI		
( <u>Name of the Limited Liabi</u> (A Florid	<mark>ility Company as it now appears on o</mark> da Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Florida document number L15000115555	Company were filed on JULY 6,	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Radiess.	Enter Florida str	et address
		, Florida
	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
MGR	SARAH R. SACKS	1001 W INDIANTOWN RD, STE 103  JUPITER, FL 33458	
			Remove
			Change
AMBR	SARAH R. SACKS	1001 W INDIANTOWN RD, STE 103  JUPITER, FL 33458	<b>=</b> Add
		<del> </del>	Remove
			Change
			☐ Remove
		<del></del>	□ Change
		<del>.</del>	□ Add
			Remove
			Change
			Add
			☐ Remove
			Change
·		FLORIDA	N. Remove
			Change

				<u></u>
				<del> </del>
	347			
		•		
ve date if other than the d	ata of filing:		(optional)	1
ve date, if other than the decrive date is listed, the date must be	e specific and cannot be prior	r to date of filing or more t	han 90 days after filing	.) Pursuant to 605
			quirements, this date	will not be liste
If the date inserted in this blockent's effective date on the Department.				
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	d is filed.  , 2015  , anure of a member or auth OLE AUTHORIZED ME	orized representative of a	member con	
ent's effective date on the Department's effective date on the Department of Specifies a delayed effective day after the record NOVEMBER 9	d is filed.  , 2015  , anure of a member or auth OLE AUTHORIZED ME	orized representative of a	member con	ے 1:1 <del>مارا مراسم</del>

Filing Fee: \$25.00

## The Law Offices of Timothy K. Anderson TIMOTHY K. ANDERSON, ESQ.

480 Maplewood Drive, Suite 5 Jupiter, Florida 33458

Brent E. Carrington ... Title Agent/Closer Lorraine A. Hinkle Legal Assistant

November 9, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of La Via Detox and Treatment Center, LLC

#### **AND**

Articles of Amendment to Articles of Organization of La Via Property Management, LLC

Please find enclosed the executed original Articles of Amendment to Articles of Organization to of La Via Detox and Treatment Center, LLC, along with check no. 10041 in the sum of \$25.00 to cover the filing fee.

Also enclosed please find the executed original Articles of Amendment to Articles of Organization of La Via Property Management, LLC, along with check no. 10040 in the sum of \$25.00 to cover the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact this office.

Very truly yours,

Lorraine Hinkle,

Legal Assistant to

Timothy K. Anderson, Esq.

TKA/lh