Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : 120000000210 Phone : (561)713-2095 : (561)747-4113 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDNA'S SOBER HOUSE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Corporate Filing Menu

Help

JUL 1 5 2016

COVER LETTER

| | Registration Se Division of Co | | | |
|-----------|--|---|---|--|
| CTID TV | | er House, LLC | | |
| SOBJEC | CT: | | ited Liability Company | |
| | | | | |
| | • | | | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | Darren Leiser Name of Person Jeck, Harris, Raynor & Jones, P.A. Firm/Company 790 Juno Ocean Walk, Suite 600 Address | | | |
| | | | Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Darren Leiser Name of Person Eck, Harris, Raynor & Jones, P.A. Firm/Company 190 Juno Ocean Walk, Suite 600 Address Tuno Beach, FL, 33408 City/State and Zip Code E-mail address: (to be used for future annual report notification) rning this matter, please call: at (| |
| | | Jeck, Harris, Raynor & Jor | nes, P.A. | |
| | | ************************************** | Firm/Company | |
| | | 790 Juno Ocean Walk, Sui | te 600 | |
| | | | Address | |
| | | Juno Beach, FL, 33408 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report : | notification) |
| For furth | er information of | concerning this matter, please c | all: | |
| Darren L | _eiser | | | |
| | Name o | of Person | Area Code Day | time Telephone Number |
| Enclosed | lis a check for s | he following amounts | | |
| | 00 Filing Fee | □ \$30.00 Filing Fee & | Certified Copy | Certificate of Status & Certified Copy |
| | Regist Divisio | ING ADDRESS: ration Section on of Corporations ox 6327 | STREET/COU Registration See Division of Cor Clifton Building | porations |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Edna's Sober House, LLC | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Lability Company) | | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on July 23, 2015 and assigned | | | | | | |
| Florida document number L15000123922 | | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited liab | llity company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | | |
| Enter new principal offices address, if applicable: | 7 Seafield Lane | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Westhampton Beach, NY 11978 | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7 Seafield Lane Westhampton Beach, NY 11978 | | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | | | | | | |
| Name of New Registered Agent: | SS | | | | | | |
| New Registered Office Address: | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | | | | | | |
| | Enter Florida street address | | | | | | |
| | City, Florida 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

| Title | Name | <u>Address</u> | Type of Action |
|---|--------------------|--|--------------------|
| AMBR | Jeanenne Boulter | 9142 E. Highland Pines Blvd. | |
| | | Palm Beach Gardens, FL 33418 | ■ Remove |
| | | | Change |
| AMBR | George W. Benedict | 7 Scafield Lane | B Add |
| | | West Hampton Beach NY 11978 | Remove |
| 0 | | | Change |
| MGR | Debbie Strand | 9142 E. Highland Pines | Blud. XAdd |
| | | 9142 E. Highland Pines Palm Bouch Gardens, FL | 3378 Remove |
| | | *************************************** | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| *************************************** | | | A WISSYM To Day |
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| Effective date, if other than the date of an effective date is listed, the date must be sponder. If the date inserted in this block do document's effective date on the Department. | cific and canno es not meet th | e applicable | de of filing or statutory fili | more than 90 c ng requirem | (optional lays after film ents, this dat | g.) Pursuan | t to 605.0 be listed | 0207 (d as t |
| ne record specifies a delayed effe The 90th day after the record is | ctive date, filed. | but not a | n effective | time, at 1 | 2:01 a.m | . on the | earliei | r of: |
| Dated July 14, 2016 | | | | | | | | |
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| Signal | of a membe | r or authorize | d representativ | e of a membe | 7 | | | |

Page 3 of 3

Filing Fee: \$25.00