45000123922

(Requestor's Name)
(Requesions Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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2018 DEC -3 PM 3: 40 SECRETARY OF STATE TALL AHASSEE EL

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COVER LETTER

Division of Co			
EDNA'S S	SOBER HOUSE, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richard D. Percic		
	Jeck, Harris, Raynor & Jor	Name of Person	
	Jeck, Harris, Rayllor & Joi		
	790 Juno Ocean Walk, Sui	Firm/Company ite 600	
	Juno Beach, FL 33408-11	Address 21	
	dpercic@jhrjpa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information (concerning this matter, please ca	all:	
Richard D. Percic		561 713-2094	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2018 DEC -3 PM 3: 41

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) AHASSEE, FI

(A Florida Limited Liability 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 liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ______ Zip Code

New Registered Agent's Signature, if changing Registered Agent:

EDNA'S SOBER HOUSE, LLC

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	Address	Type of Action
AMBR	Debbie Strand	9142 E. Highland Boulevard	
		Palm Beach Gardens, FL 33418	□ Add
			■ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
		·	Change
			
		<u>.</u>	□ Remove
			Change
			Add
			□ Remove
			Chopus

	he Company is intended to be manager-managed.	
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	November 20, 2018	
(If an ef <u>Note:</u>	(optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be int's effective date on the Department of State's records.	
If the red (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	arlier of:
D-4-4	November 21 2018	
Dated		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee