

L15000 128197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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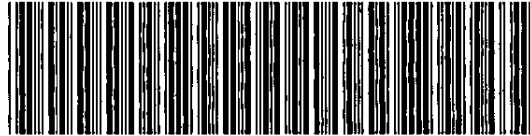
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 20 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEXT CHAPTER ADDICTION TREATMENT, LLC
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:

Brady J. Cobb, Esq

Name of Person

Cobb Eddy, PLLC

Firm/Company

642 N.E. 3rd Avenue

Address

Fort Lauderdale, Florida 33304

City/State and Zip Code

bcobb@cobbeddy.com

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

For further information concerning this matter, please call:

Brady J. Cobb, Esq

954 527-4111
at ()
Area Code Daytime Telephone Number

Name of Person

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

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

NEXT CHAPTER ADDICTION TREATMENT, 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 September 28, 2015 and assigned
Florida document number L15000128197.

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)

1300 N.W. 17th Avenue

Suite 170

Delray Beach, Florida 33445

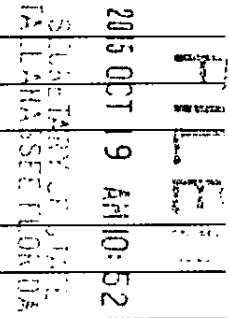
Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1300 N.W. 17th Avenue

Suite 170

Delray Beach, Florida 33445



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

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>	<u>Address</u>	<u>Type of Action</u>
AP	Avraham Y. Antine	10 N.W. 9th Street	<input type="checkbox"/> Add
		Delray Beach, Florida 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Avraham Y. Antine	1300 N.W. 17th Ave	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anthony Fasano	1300 N.W. 17th Ave	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


25 OCT 19 11:10:32
TALLAHASSEE FLORIDA

[illegible]

(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:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Brady J. Cobb, Esquire

Typed or printed name of signee

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TALLAHASSEE FLORIDA