

US000136668

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DISTRICT OF COLUMBIA

SEP 02 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIFT OF FREEDOM RECOVERY CENTER 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:

Mikhael E. Keifitz, Esq

Name of Person

Firm/Company

3363 NE 163 Street, unit 708

Address

North Miami Beach, FL 33160

City/State and Zip Code

info@meklegal.com

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

For further information concerning this matter, please call:

Mikhael E. Keifitz, Esq

305 9570005
at ()

Name of Person

Area Code

Daytime Telephone Number

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

FILED
JUN 31 11 16 AM '09

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

GIFT OF FREEDOM RECOVERY CENTER 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 08/12/2015 and assigned
Florida document number L15000136668.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

1801 SW Hillmoor Dr ,office c-101,Port St Lucie Fl 34952

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1801 SW Hillmoor Dr, office c-101 Port St Lucie Fl 34952

(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:

Mikhael E.Keifitz,Esq

New Registered Office Address:

3363 NE 163 Street, Suite 708,

Enter Florida street address

North Miami Beach

Florida 33160

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>
MGR	Lyudmila Epshteyn	1801 SW Hillmoor Dr,	<input checked="" type="checkbox"/> Add
		office c-101	<input type="checkbox"/> Remove
		Port St Lucie Fl 34952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/25, 2015

Typed or printed name of signee

Filing Fee: \$25.00