

L15000143796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

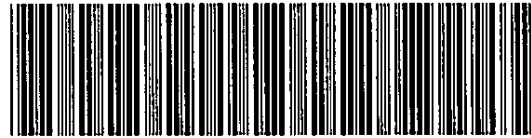
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305943003

11/27/17--01019--001 **25.00

FILED
17 DEC -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2017

ALCIDE THEODATFILS
2950 STATE RD 7
MARGATE, FL 33063

SUBJECT: ROAD TO RECOVERY TREATMENT CENTER, LLC
Ref. Number: L15000143796

We have received your document for ROAD TO RECOVERY TREATMENT CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, changing or removing members listed on page 2 of application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 817A00023933

*Spoke to Alcide on 12/4/17
no change for Alcide*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROAD TO RECOVERY TREATMENT CENTER
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:

ALCIDE INEODAT FILS
Name of Person

ROAD TO RECOVERY TREATMENT CENTER
Firm/Company

2950 State Road 7
Address

MALFATE FL 33083
City/State and Zip Code

ROADTORECOVERYTreatmentCenter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alcide Ineodat fils at 954 612-3223
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ROAD TO RECOVERY TREATMENT 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 11/23/16

Florida document number L15000143796

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

20950 STATE RD 7
MARGATE FL 33027

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same

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:

MARTHE HIPPARTE

New Registered Office Address:

20492 MEETING Street

Enter Florida street address


BOCA RATON, Florida 33434

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	ALCIDE	16799 SW 54 th	<input type="checkbox"/> Add
	theadat-FILS	MILAMAR FL	<input type="checkbox"/> Remove
		33027	<input type="checkbox"/> Change
AMBR	MARVIN E	20492 MEETING ST	<input checked="" type="checkbox"/> Add
	HIPPOLYTE	BOCA RATON	<input type="checkbox"/> Remove
		FL 33434	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 DEC - 12 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
17 DEC -44 PM 1:01
SEALING DIV. STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/30/17 (optional)

(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)

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.

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.

Dated

11/20/17

Signature of a member or authorized representative of a member

$$A \subset C \cap D \subseteq$$

MEODAT FILES

Typed or printed name of signee