

L15000143796

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TALLAHASSEE, FLORIDA
18 FEB 23 PM 7:30

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:

Michael Mella
Name of Person
Road to Recovery treatment Center
Firm/Company
2950 STATE Road 7
Address
Margate Florida 33063
City/State and Zip Code
mmella618@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mella at (954) 805-6755
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

**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)

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The Articles of Organization for this Limited Liability Company were filed on 8/21/2015 and assigned
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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

MICHAEL MELLA
2950 STATE RD 7
MARGATE, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 State Rd 7
MARGATE, FL 33063
Suite 101

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:

Michael Mella

2950 State Rd 7

Enter Florida street address

Margate
City

, Florida

33063

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 THEODAT FILS	16799 SW 54 COURT MIRAMA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mella MICHAEL	2950 STATE Rd 7 MARJATE FL 33063	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: 02/16/2018 (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 2/16/ 2018


Signature of a member or authorized representative of a member

ALCIDZ INCODAT FILS
Typed or printed name of signee



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Detail by Entity Name

Florida Limited Liability Company

ROAD TO RECOVERY TREATMENT CENTER, LLC

Filing Information

Document Number	L15000143796
FEI/EIN Number	47-4799077
Date Filed	08/21/2015
Effective Date	08/17/2015
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	12/04/2017
Event Effective Date	NONE

Principal Address

2950 NORTH STATE ROAD 7
MARGATE, FL 33063

Changed: 09/04/2015

Mailing Address

2950 NORTH STATE ROAD 7
MARGATE, FL 33063

Changed: 09/04/2015

Registered Agent Name & Address

Mella, Michael
20492 MEETING ST
BOCA RATON, FL 33434

Name Changed: 01/19/2018

Address Changed: 12/04/2017

Authorized Person(s) Detail

Name & Address

Title MGR

THEODAT, ALCIDE
16799 SW 54 COURT