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		(COVER LETTER			
	gistration Section vision of Corporations					
	Road to Recovery Treatment Center LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspo	indence concerning this matter t	o the following:			
		Jesus Mella				
			Name of Person			
		Road to Recovery Treatment	nt Center LLC			
			Firm/Company			
		24 SW 10th Street				
			Address			
		Ft Lauderdale, FL 33315				
		j.mella1983@icloud.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report noti-	fication)		
For further in	nformation c	concerning this matter, please ca	11:			
Jesus Mella			954 600-0591 at ()			
	Name (of Petson	Area Code Daytim	e Telephone Number		
Enclosed is a	i check for i	he following amount:				
■ \$25.00 F		Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations		
	Taliah	assee, FL 32314	Tallahassee, FL 32			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Road to Recovery Treatment Center, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>8/21/2015</u> and assigned Florida document number <u>L15000143796</u>.

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)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the fiam for the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	Circ	, Florida

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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u> Jesus Mella	Address 24 SW 10th Street	Type of Action
MGR		Ft. Lauderdale, FL 33315	🖬 Add
			Remove
			Change
			🗆 Add
			C Remove
			Change
			Q Add
		<u></u>	
		••• <u>•</u>	Change
			🛛 Add
		<u> </u>	Remove
			Change
			Add
			Change
		,,,,,,,,,,,	🗖 Add
			Remove
			Change

• . .

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

······		
E. Effective date, if other than tl (If an effective date is listed, the date n <u>Note:</u> If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of block does not meet the applicable stati	(optional) f filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(autory filing requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the re	ed effective date, but not an eff ecord is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated May 10th	2019	
	······································	

て Signature of a member or authorized representative of a member L MEILA ESUS Typed or printed name of signee

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Filing Fee: \$25.00