

L15000145937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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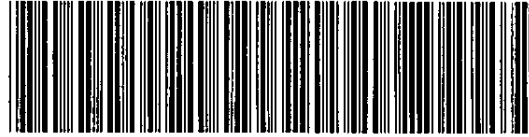
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OASIS DUI INSTITUTE, 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:

BRYAN J. YARNELL

Name of Person

BRYAN J. YARNELL, PLLC

Firm/Company

1665 PALM BEACH LAKES BLVD, STE. 101

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

byran@civillawflorida.com

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

For further information concerning this matter, please call:

BRYAN YARNELL

561 427-8930
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OASIS DUI INSTITUTE, 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 8/25/2015 and assigned
Florida document number L15000145937.

This amendment is submitted to amend the following:

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

RESURGENCE RECOVERY, LLC

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:

808 SW 10th Ave

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, Florida 33444

Enter new mailing address, if applicable:

1665 Palm Beach Lakes Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, Florida 33401

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:

Bryan J. Yarnell, PLLC

New Registered Office Address:

1665 Palm Beach Lakes Blvd, Ste. 101

Enter Florida street address

West Palm Beach

Florida 33401

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	ANTHONY KLING	100 SW 14TH ST., APT 5	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELVIN CLARK	1801 NORTH FLAGLER DR., UN	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AHMAD BRYANT		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES CHISM	2934 SW 22ND CIR, UNIT D	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<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

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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

9/3/2015

Signature of a member or authorized representative of a member

Typed or printed name of signer

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Filing Fee: \$25.00