

L15000155830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

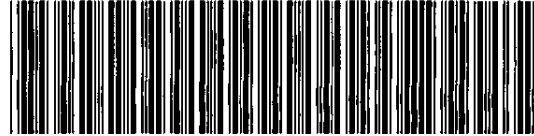
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100286985291

07/11/16--01044--001 \*\*30.00

16 JUL 11 PM 3:37  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

JUL 12 2016

Y SULKER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Multiple Innovations to Recovery, 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:

Frankie E. Valle  
Name of Person

MIR, LLC  
Firm/Company

9225 Bay Plaza Blvd, Ste 418  
Address

Tampa, FL 33619  
City/State and Zip Code

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

For further information concerning this matter, please call:

Frankie E. Valle at ( 813 ) 771 7475  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Multiple Innovations to Recovery, 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 9/14/15 and assigned Florida document number L15000155830.

This amendment is submitted to amend the following:

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

Not applicable

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:**

Not applicable

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

Not applicable

(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:

Not applicable

New Registered Office Address:

Enter Florida street address

Florida

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.*

W/V

**If Changing Registered Agent, Signature of New Registered Agent**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Richard D. Davila</u>	<u>1609 Carter Oaks Dr.</u>	<input type="checkbox"/> Add
		<u>Valrico, FL 33596</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Heather Martin</u>	<u>8606 Magnolia St.</u>	<input type="checkbox"/> Add
		<u>Gibsonton, FL 33534</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Samantha Prior</u>	<u>10236 Douglas Oaks Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Unit 302</u>	
		<u>Tampa, FL 33610</u>	<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

RECEIVED  
JUL 11 PM 3:37  
CLERK OF COURT  
HILLSBORO, FLORIDA

Not applicable.

16 JUL 11 PM 3:37  
RECEIVED  
DEPARTMENT OF STATE  
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 July 6, 2016.

Frankie E. Valle

Signature of a member or authorized representative of a member

Frankie E. Valle

Typed or printed name of signee