## L15000/60046

(Re	equestor's Name)	-			
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SECRETARY OF STATE



## **COVER LETTER**

SUBJECT: Suggestions Sober Living, 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:
Brooke Laxton Name of Person
Suggestions Sober Living LLC Firm/Company
118 South West 12 Ave
Derray Beach, FL 33444  City/State and Zip Code
braskin 9@ aol.com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Brooke Lauton a (904) 502-0316
Name of Person Area Code Daytime Telephone Number,
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$55.00 Filing Fee \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$\$

**MAILING ADDRESS:** 

Registration Section

**Division of Corporations** 

TO:

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

Suggestions (Name of the Limited Li	Sober Living, LLC				
(A F)	ability Company as it now appears on our records.) orida Limited Liability Company)				
The Articles of Organization for this Limited Liabili Florida document number <u>L150018</u> 0					
This amendment is submitted to amend the following	g:				
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 A	DDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or a registered agent and/or the new registered office  Name of New Registered Agent:	registered office address on our records, enter the name of the new				
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.

If Changing Registered Agent, Signature of New Registered Agent

## If nmending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Manager
Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Nussbaum		🗖 Add
		138 SW 12th Ave, Delray Beach FL 334	Remove
			Change
MGR	Brooke Lowton	118 SW 12th Ave, Delray Beach Fl	<b>D</b> Add
			Remove
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(If an effect Note: If	e date, if other that tive date is listed, the of the date inserted in at's effective date or	late must be speci this block does	ific and canno not meet th	ot be prior to he applicabl	date of filing o e statutory fi	r more than 90	(optio days after a ments, this	filing.) Pu	rsuant to I not be	605.0207 ( listed as th
	rd specifies a de Oth day after th	e record is f	îled.					.m. on	the ea	rlier of:
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	10/27/15 Bra	2								

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00