

L15000 182560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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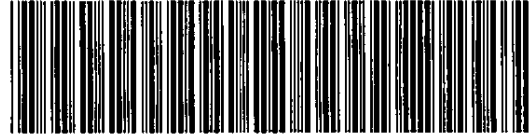
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Recovery and 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:

Cecelia Murry
Name of Person

True Recovery and Treatment Center
Firm/Company

4887 Pinemore Lane
Address

Lake Worth, FL 33463
City/State and Zip Code

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

For further information concerning this matter, please call:

Cecelia Murry at (561) 523-6929
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**

True Recovery and Treatment Center

(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 Oct. 25, 2015 and assigned Florida document number L15000182560.

This amendment is submitted to amend the following:

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

True Recovery and Treatment Center 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:

(Principal office address MUST BE A STREET ADDRESS)

2328 10th Avenue N Suite 104
Lake Worth, FL, 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4887 Pinemore Ln
Lake Worth FL 33463

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:

Cecelia Murry

New Registered Office Address:

2328 10th Avenue North Suite 104

Enter Florida street address

Lake Worth, Florida 33461

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.

Cecelia Murry

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 | Barbara DuBois | 921 SW 36th Ave | <input type="checkbox"/> Add |
| | | 921 SW 36th Ave Boynton Beach | FL 33435 <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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15 DEC 16
SECRETARY
INTELLIGENCE

Oct. 25, 2015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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.) Pursuant to 6.05.0207 (3)(b)

Dated December 8, 2015

Signature of a member or authorized representative of a member

Cecelia Murry
Typed or printed name of respondent