Division of Corporations.



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To:

Division of Corporations
Fax Number : (850) G17-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (786)437-4609

Enter the email address for this business entity to be used for future annual report mailings. Enter only or a email address please.

Email Address: lross@fowler-white.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFE RECOVERY OF THE PALM BEACHES,LLC

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 \$55.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life Recovery of the Palm Beaches, LLC (Name of the Limited Liability Compa (A Plorida Limited I	ny as It now appears on our re- lability Company)	ords.)				
The Articles of Organization for this Limited Liability Company Florida document number L15000 95074	:	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "	LLC" or the abbrevia	ntion "L.L.C."			
Enter new principal offices address, if applicable:	1395 Brickell Avenue, 14th Floor					
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33131		<u>~5</u>			
(Principal office finaress in Od) DE a STREET Age 1224			=::			
	**	ir :				
m	1395 Brickell Avenue, 14ti	ı Floor	7"			
Enter new mailing address, if applicable:	Miami, Florida 33131					
(Mailing address MAY BE A POST OFFICE BOX)		•	LJ:			
			— G			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	Mce address on our reco g:	oras, <u>enter the</u>	namesor the nes			
Name of Now Registered Agent: Laura Ross						
New Registered Office Address: 1395 Brickell A	Avenue, 14th Floor					
New Registered Office Acturess.	Enter Florida struct au	drevs				
Miami	2. 422. 34	Florida <u>33131</u>	33131			
	City	<u> </u>	Zψ Code			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agr	ee to act in this capacity.	l further agree t	o comply with the			

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 the Registered Agent

Page 1 of 3

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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

Title	Nume		Address	Type of Action
CEO/P	Darlene Frisina		14318 Blackburry Drive	₩ Add
			Wellington, Florida 33414	Remove
				Change
CFO/VP	Lynda Benjamin		14318 Blackberry Drive	Add
	,		Wellington, Florida 33414	□ Remove
				☐ Change
S	Mark Sanchez		1140 University Blvd 23	And
			Jupiter, Florida 33458	☐ Remove
	! :			Change
CEO	desiree m mufson		919 N Dixie Hwy	□ Adā,
			WPB, FL 33401	☐ Remove
				□: co □ Change
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reco	ord specifies a dela	yed effective d	late, but not	an effective	time, at 12	:01 a.m. o	n the ea	rlīer o
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