

LIS000195074

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

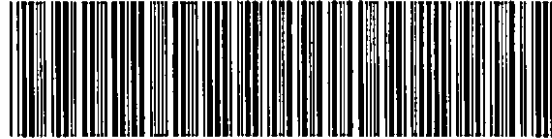
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JAN -8 P 2:02

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D. SCOTT

JAN 9 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIFE RECOVERY OF THE PALM BEACHES, 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:

DARLENE FRISINA,

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

919 North Dixie Hwy

\_\_\_\_\_  
Address

West Palm Beach FL 33401

\_\_\_\_\_  
City/State and Zip Code

darlenemfrisina@gmail.com

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

For further information concerning this matter, please call:

Darlene Frisina

\_\_\_\_\_  
Name of Person

at (904) 512-9273

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA

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

LIFE RECOVERY OF THE PALM BEACHES, 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 11/18/2015 and assigned  
Florida document number L15000195074.

This amendment is submitted to amend the following:

**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 ADDRESS)

919 North Dixie Hwy

West Palm Beach FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

919 North Dixie Hwy

West Palm Beach FL 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:

DARLENE FRISINA

New Registered Office Address:

1315 BLACKBERRY DRIVE

Enter Florida street address

WELLINGTON

West palm beach

City


Florida

Zip Code

33401

**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>
AMBR, CEO	FRISINA, DARLENE	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR, CFO	BENJAMIN, LYNDIA	14318 BLACKBERRY DRIVE	<input type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
S	SANCHEZ, MARK	1140 UNIVERSITY BLVD 23	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" 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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**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.

Dated 12-29-11

Darlene Fries  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Darlene Frising

Typed or printed name of signee