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M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SECOND CHANCE DETOX 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:

JONATHAN MARKOVICH

Name of Person

Firm/Company

1190 HIBISCUS DRIVE

Address

PEMBROKE PINES, FL 33025

City/State and Zip Code

JONATHAN@COMPASSDETOX.COM

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

For further information concerning this matter, please call:

JONATHAN MARKOVICH

504 338-5623  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SECOND CHANCE DETOX 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 11/24/2015 and assigned  
Florida document number L15000198753.

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)

Enter new mailing address, if 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: TAMAR MARKOVICH

New Registered Office Address: 10275 COLLINS AVE #1417

*Enter Florida street address*

BAL HARBOUR

*City*

Florida 33154

*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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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	WATERSTONE HEALTHCARE	1124 KANE CONCOURSE	<input type="checkbox"/> Add
		BAY HARBOR ISLANDS, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAMAR MARKOVICH	10275 COLLINS AVE #1417	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<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 OCTOBER, 2020

J. Mahach  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**