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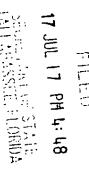
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COVER LETTER

Div	ision of Corp	ocrations			
SHR IFCT:	Treatment Sanctuary, LLC				
TOBSECT.			ted Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		Rod Earnhardt			
			Name of Person		
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Rod Earnhardt Name of Person The Sanctuary Firm/Company 208 SE 8 Street Address Fort Lauderdale, FL 33316 City/State and Zip Code treatmentsanctuary@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: at (1) 749-4311 at (2) 749-4311 Area Code Daytime Telephone Number check for the following amount: ling Fee \$\Bigcirc \$30.00 Filing Fee & Certificate of Status (additional copy) is enclosed) Certificate of Status (additional copy) is enclosed)				
			Firm/Company		
		Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. Tespondence concerning this matter to the following: Rod Earnhardt Name of Person The Sanctuary Firm/Company 208 SE 8 Street Address Fort Lauderdale, FL 33316 City/State and Zip Code treatmentsanctuary@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: at (1) 749-4311 ame of Person To the following amount: for the following amount: ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy tadditional copy is enclosed) Certificate Copy Certificate Of Status			
			Address		
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			Name of Limited Liability Company Indiment and fee(s) are submitted for filing. The concerning this matter to the following: Od Earnhardt Name of Person The Sanctuary Firm/Company O8 SE 8 Street Address Ort Lauderdale, FL 33316 City/State and Zip Code attmentsanctuary@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: Area Code The street of Status On The street of Status The street of Status of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certificate of Status & Certified Copy Certified Copy		
The enclosed Ar Please return all			·	ication)	
For further in	itormation co	ncerning this matter, please ca	11:		
Rod Earnhar			919 749-4311 at ()		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	check for the	e following amount:			
\$25.00 F	iling Fee		Certified Copy	Certificate of Status &	

MAILING ADDRESS:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L15000201258		
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:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-208 SF 8 Street	·
Principal office address MUST BE A STREET ADDRESS)	Fore Lauderdate, FL 33310	;
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ords, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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. Of, 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>	Address	Type of Action
MGR	Michael Sterne	1179 East Tropical Way	≅ Add
		Plantation. FL 33317	
			□ Change
MGR	Cindy Sterne	1179 East Tropical Way	= Add
		Plantation, FL 33317	□ Remove
			Change
MGR	Gregory Brewton	6410 SW 183rd Way	
		Southwest Ranches, FL 33331	Remove
			Change
MGR	Dale Saunders	250 SW Sunrise Blvd	≅ Add
		Ft Lauderdale, FL 33311	Remove
			☐ Change
MGR	Mark Hernandez	5450 NW 114 Ave	Add
		Doral, FL 33178	□ Remove
	Mark Hernandez 73		Change 17 Jald FILED Remove D Reph Lhange Change

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an effective date is listed, th lote: If the date inserted	than the date of filing: e date must be specific and c in this block does not me on the Department of Sta	cannot be prior to date of cet the applicable statu	filing or more than 90 days		
The 90th day after		ate, but not an eff	ective time, at 12:	01 a.m. on the ear	lier of
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	Signature of a m	ember or authorized repr	resentative of a member		
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