

L16000001317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

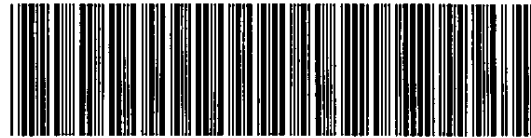
(Business Entity Name)

(Document Number)

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OCT 05 2016  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT -4 PM 2:46

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Treatment Directory 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:

Kenyatta BELL

Name of Person

TREATMENT DIRECTORY LLC

Firm/Company

3812 NW 5th Terrace

Address

BOCA RATON, FL 33431

City/State and Zip Code

ALMA@L96GEEKS.ORG

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

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For further information concerning this matter, please call:

Kerry Marshall

Name of Person

at ( 317 )

Area Code

407-8183

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

Treatment Directory 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 12/31/2015 and assigned Florida document number L16000001317.

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 "LLC."

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:

Jeffery P EISEN Smith

New Registered Office Address:

5561 N. UNIVERSITY DRIVE STE 103

Enter Florida street address

CORAL SPRINGS

City

, Florida

33067

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 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>
<u>MGR</u>	<u>RYAN MONTGOMERY</u>	<u>3813 NW 5th Terrace</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>BOCA RATON, FL 33431</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>KENYETTA BELL</u>	<u>3813 NW 5th Terrace</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>BOCA RATON, FL 33431</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 Oct - 4

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 1/15/16, \_\_\_\_\_

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member  
 RYAN MONTGOMERY  
 Typed or printed name of signer