

44000003366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

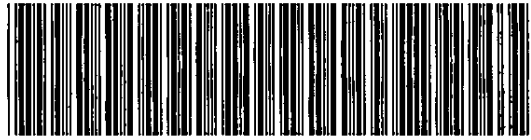
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL
16 MAY 16 PM 1:27

MAY 17 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSus Sober Living

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:

Matthew Gernstadt

Name of Person

HSUS Sober Living

Firm/Company

5800 N Federal Hwy Suite 5

Address

Boca Raton FL 33487

City/State and Zip Code

Matth@HSUSSL.com

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

STATE OF FLORIDA
TALLAHASSEE
16 MAY 16 PM 1:27

For further information concerning this matter, please call:

Matthew Gernstadt

Name of Person

at (561)

Area Code

451-6121

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

HSUS Sober Living LLC

Page 1 of 3

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>
MGR	Andrew Lars Sailer	1675 Nw 4th Ave. Apt 314 Boca Raton, Florida 33432	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 MAY 16 PM 1:28

E. Effective date, if other than the date of filing: 5/5/16 (optional)

(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)

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.

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

Walter D. D.

Signature of a member or authorized representative of a member

MATTHEW GERNSTADT
Typed or printed name of signee

Typed or printed name of signee