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## **COVER LETTER**

TO:	Registration Se Division of Cor				
erio i	rot.	Celebrate Life Re	ecovery Center Phase II, LLC		
Name of Limited Liability Company				· · · · · · · · · · · · · · · · · · ·	
		Amendment and fec(s) are sub			
			Naomi Stewart		
			Name of Person		
		Celebrate	Life Recovery Center Phase II, I	LLC	
	Firm/Company				
	6043 Kimberly Blvd., Suite U				15 SEC
			Address	<del> </del>	S IIIV
		N	lorth Lauderdale, FL 33068		<del>\</del>
			City/State and Zip Code		FF E
			stewat8_naomi2@yahoo.com to be used for future annual report no		EE, FLORIDA
For fu	rther information c	oncerning this matter, please ca	·	uncation)	150
	Naomi St			951-6005	
	Name o		at ()	me Telephone Number	<del></del>
Enclos	sed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
		ING ADDRESS: ation Section	STREET/COUR Registration Sect	NIER ADDRESS:	

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tie Life Recovery Center Phase II, LL		
(Name of the Limited	1 Liability Company as it now appears ( A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number		04/25/2016	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company here	<b>:</b>	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desi	gnation "LLC" or the ab	breviation, "L.L.C."
Enter new principal offices address, if applical	ble:		三 至
(Principal office address MUST BE A STREET	ADDRESS)		- SEGO
Enter new mailing address, if applicable:			STATE LORIDA 5: 12
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
	2.16.7 107100		
	City	, Florida	Zip Code
	~ <i>y</i>		27 0000

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>	Address	<b>Type of Action</b>
MGR	Ivanhoe Stewart	4955 NW 84 RD	
		Coral Springs, FL 33067	■ Remove
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ote: If the da	if other than the date of filing:  e is listed, the date must be specific and cannot be prior to date the inserted in this block does not meet the applicable sective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 60 tatutory filing requirements, this date will not be lis	05.0207 sted as
	ecifies a delayed effective date, but not an ay after the record is filed.	effective time, at 12:01 a.m. on the earl	ier of
ited	April 25 2016		
		representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00