## 216000011501

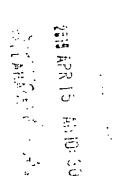
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## **COVER LETTER**

DIA	ision of Cor	porations		
SUBJECT:	Treatment	Partners of America LLC		
		Name of Lin	nited Liability Company	2.4
771				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	, no.
Please return	all correspo	ndence concerning this matter	to the following:	
		Chad Altieri Esq.		
			Name of Person	
		Altieri & Associates		
			<u> </u>	
			Firm/Company	
		936 SW 1st Ave., Suite 41	4	
			Address	<del></del>
		Miami FL 33130		
•				
			City/State and Zip Code	
		Chad@AltieriPA.com		
		E-mail address; (	to be used for future annual report notific	cation)
For further inf	formation co	oncerning this matter, please ca	all:	
Chad Altieri			305 562-4981	
		<del> </del>	at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	e following amount:		
\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee &	T \$55.00 EH P 6	T Access to the control of the contr
\$23.00 111	ing rec	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)
				(additional copy is cherosed)

MAILING ADDRESS:

TO:

Registration Section

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 Partners of America 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 Florida document number L16000011501	were filed on 1/11/2016 and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	18459 Pines Blvd		
(Principal office address MUST BE A STREET ADDRESS)	<b>SS</b> ) #501		
	Pembroke Pines FL 33029		
Enter new mailing address, if applicable:	18459 Pines Blvd		
(Muiling address MAY BE A POST OFFICE BOX)	#501		
The state of the s	Pembroke Pines Fl. 33029		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida  City Zip Code		
New Designationed Agent's Circumstate of the agency Designation of the agency of the a	·		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	Scott Frankel	<del></del>	Add
			■ Remove
			D Change
MGR	Brandon Bey	18459 Pines Blvd #501 Pembroke Pines FL 33029	
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
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ffective date, if other than t	he date of filing:		(optional)
an effective date is listed, the date r	nust be specific and cannot be	prior to date of filing or mon	e than 90 days after filing.) Pursuant to 605.0
iote: If the date inserted in this ocument's effective date on the			requirements, this date will not be listed
	· <b>r</b>		
e record specifies a delay	red effective date: bu	t not an effective tin	ne, at 12:01 a.m. on the earlie
The 90th day after the r			,
April 5	2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00