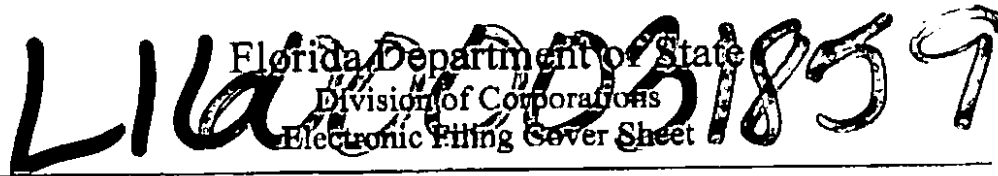


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000323897 3)))



H170003238973ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (786) 437-4609

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lross@fowler-white.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RESTORED LIFE RECOVERY SERVICES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

2017 DEC 11 PM 12:30

FALL 2017

17 DEC 11 AM 9:07

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Restored Life Recovery Services, 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 02/15/2016 and assigned  
Florida document number L16000031859

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)

1395 Brickell Avenue, 14th Floor

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1395 Brickell Avenue, 14th Floor

Miami, Florida 33131

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:

Laura Ross

New Registered Office Address:

1395 Brickell Avenue, 14th Floor

Enter Florida street address

Miami

City

Florida 33131

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

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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>                      |
|--------------|-----------------|---------------------------|--|
| CEO/P        | Darlene Frisina | 14318 Blackberry Drive    | <input checked="" type="checkbox"/> Add    |
|              |                 | Wellington, Florida 33414 | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
| CFO/VP       | Lynda Benjamin  | 14318 Blackberry Drive    | <input checked="" type="checkbox"/> Add    |
|              |                 | Wellington, Florida 33414 | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
| S            | Mark Sanchez    | 1140 University Blvd 23   | <input checked="" type="checkbox"/> Add    |
|              |                 | Jupiter, Florida 33458    | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
| Mr           | Desiree Mufson  | 919 N. Dixie Hwy          | <input type="checkbox"/> Add               |
|              |                 | West Palm Beach, FL 33401 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |

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

17 DEC 11 21 09:07

E. Effective date, if other than the date of filing: November 29, 2017 (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 December 11

Signature of a member or authorized representative of a member

Laura Ross

Typed or printed name of licensee