

L16000043295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

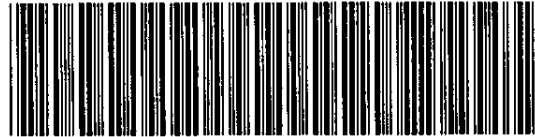
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500293149405

02/01/17--01012--023 **55.00

FILED

2017 FEB -1 P 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 02 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Recovery Research Network, 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:

Richard Gustin

Name of Person

The Recovery Research Network, LLC

Firm/Company

3655 Whispering Cypress Ln

Address

Boynton Beach, FL 33435

City/State and Zip Code

gustinrm@gmail.com

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

For further information concerning this matter, please call:

Gena Gustin

561 400-1699

at ()

Name of Person

Area Code

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**

The Recovery Research Network, 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 03/01/16 and assigned
Florida document number 11600043295.

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)

110 JFK Drive

Suite 118

Atlanta, FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

110 JFK Drive

Suite 118

Atlanta, FL 33462

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:

New Registered Office Address:

110 JFK Drive, Suite 118

Enter Florida street address

Atlanta

Florida

33462

City

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

FILED
FEB - 1 12:36
CLERK OF THE
STATE
OF FLORIDA

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	Jake Nichols, Pharm.D., MBA	41 Walnut Street	<input type="checkbox"/> Add
		Natick, MA 01760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stuart Gitlow, MD, MPH, MBA	153 Gaskill Street	<input checked="" type="checkbox"/> Add
		Woonsocket, RI 02895	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jake Nichols, Pharm.D., MBA	41 Walnut Street	<input type="checkbox"/> Add
		Natick, MA 01760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuart Gitlow, MD, MPH, MBA	153 Gaskill Street	<input checked="" type="checkbox"/> Add
		Woonsocket, RI 02895	<input 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

FILED
JUL 13 12 36 PM
SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

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

Amend Section 3.1 to: Initial Capital Contributions. The Members hereby confirm that as of their initial Capital

Contributions to the Company they have contributed cash or other property in exchange for their respective

Limited Liability Company Interests, as described in "Exhibit A" attached hereto and made a part of hereof.

As described "Exhibit A.1" attached hereto is to supercede the previous "Exhibit A" as it pertains to Members and

Limited Liability Company Interests and made a part of hereof.

Amend Section 7.4 to: Quorum; Voting. All Members represented in person or by proxy, shall constitute a

quorum at any meeting of Members. If a quorum is present, the affirmative vote or written consent of a Majority

in Interests of the Members as to each matter to come before the Members shall be the act of the Members, unless

the vote of a greater or lesser proportion or number is otherwise specifically required by this Agreement, the

Certificate or by the Act. Each Member shall be entitled to vote in proportion to his, her or its Limited

Liability Company Voting Interests as described in "Exhibit A.1" attached hereto and made a part of hereof.

See attached "Exhibit A.1" to supersede the existing "Exhibit A"

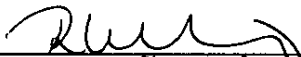
E. Effective date, if other than the date of filing: _____ (optional)

(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 JANUARY 30, 2017.



Signature of a member or authorized representative of a member

Richard Gustin

Typed or printed name of signee

2017 JAN 31 P 12:31
SECRETARY OF STATE
TREASURY OF FLORIDA

FILED

**EXHIBIT A.1
TO
OPERATING AGREEMENT
OF
THE RECOVERY RESEARCH NETWORK, LLC,
a Florida Limited Liability Company**

Members

Limited Liability Company Interests

Dr. Richard Gustin, Ph.D.	90%
Dr. Stuart Gitlow, MD, MPH, MBA	10%

Members

Limited Liability Company Voting Interests

Dr. Richard Gustin, Ph.D.	100%
Dr. Stuart Gitlow, MD, MPH, MBA	0%

2017 FEB -1 P 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED