

216000096918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

n BRUCE  
AUG 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEASTONE DELRAY HEALTHCARE, 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:

Douglas O'Keefe

Name of Person

O'Keefe Law, P.A.

Firm/Company

1111 Brickell Avenue, Suite 1300

Address

Miami, FL 33131

City/State and Zip Code

shawneleon@rogers.com

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

For further information concerning this matter, please call:

Douglas L. O'Keefe

305

213-9029

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

shawnleon@rogers.com

(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 5/17/2016 and assigned  
Florida document number L16000096918.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Addiction Recovery Institute of America, LLC

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) 5410 East Avenue, West Palm Beach, FL 33407

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX) 5410 East Avenue, West Palm Beach, FL 33407

**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:**

<u>Name of New Registered Agent:</u>	<u>Douglas L. O'Keefe, Esq.</u>
<u>New Registered Office Address:</u>	<u>1111 Brickell Avenue, Suite 1300</u> <i>Enter Florida street address</i>
	<u>Miami</u> , <u>Florida</u> <u>33134</u> <i>City Zip Code</i>

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**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.*

Douglas O'Keefe  
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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ORIGINAL  
FALL 1955

(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)

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605.8207 (3XB)  
not be listed as the

Dated August 1 2018

Shawn Leon

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**Filing Fee: \$25.00**