

LIB000096918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

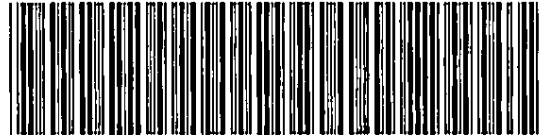
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M. MILLIGAN
OCT 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADDICTION RECOVERY INSTITUTE OF AMERICA, 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:

SHAWN LEON
Name of Person

ADDICTION RECOVERY INSTITUTE OF AMERICA, LLC
Firm/Company

5410 EAST AVENUE
Address

WEST PALM BEACH, FL 33407
City/State and Zip Code

SHAWN@ETHEMAHEALTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAWN LEON at (416) 500-0020
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

ADDICTION RECOVERY INSTITUTE OF AMERICA, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

VICR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SALVATORE PACE	5410 EAST AVENUE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL, 33407	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

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 602.0207 (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 _____ .



Signature of a member or authorized representative of a member

SHAWN LEON.

Typed or printed name of signee

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