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M. MILLIGAN
OCT 2 0 2018

COVER LETTER

TO: Registration S Division of Co			
subject: <u>ADD</u>	ICTION RECOVE	ERY /NSTITUTE	OF AMERICA, LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	SHAWN	LEON Name of Person	
	ADDICTION,	CECOVERY /NSTIT	SUTE OF AMERICA, LLC
	5410 EAS	T AVENUE Address	
	WEST PAL	M BEACH, FL City/State and Zip Code	<i>33407</i>
	SHAWNC ET E-mail address: (HEMAHEALTH to be used for future annual report notif	. COM fication)
For toother information	concerning this matter, please c	all:	
SHAWN L	EON of Person	at (<u>4/6</u>) <u>500</u> Area Code Daytime	- OO2O e Telephone Number
finelosed is a check for	the following amount:		
V 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 (auditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations F.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

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

(A Florida Lumited L)	ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number 81-2764638.	were filed on	<i>5/17/16</i> 18	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		_
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abb	reviation 11.
Enter new principal offices address, if applicable:			007
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			温度 の
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ir records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my rovided for in Cha	duties, and Lam fa pter 605, F.S. Or, i	miliar with and f this document is

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 Type of Action Title Name AMBR SALVATORE PACE 5410 EAST AVENUE DANG WEST PALM BEACH Remove FL, 33407 Change _____ Change _□ Add ☐ Remove Change □ Remove __ Change □ Add _□ Remove _____ Change □ Add ☐ Remove

_ 🗀 Change

	formation, enter change(s) here: (Attach additional sheets,	
 		
····		
		,
(If an effective date is listed, the Note: If the date inserted is document's effective date of	date must be specific and cannot be prior to date of filing or more than 90 date in this block does not meet the applicable statutory filing requirement in the Department of State's records. elayed effective date, but not an effective time, at 12	nts, this date will not be listed as t
Dated	/)	
David		* 4 20
	Signature of a member or authorized representative of a member	2018 OCT
	•	
	SHAWN LEON. Typed or printed name of signee	イス の
	Typed or printed name of signee	5 AH 7:

Filing Fee: \$25.00