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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	F DELRAY, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALANA MANKO		
	TREATMENT ALTERNA	Name of Person ATIVES, LLC	
	7000 NORTH FEDERAL	Firm/Company HIGHWAY	
	BOCA RATON, FLORID.	Address A 33487	
	AMANKO@BOCATREAT		<u> </u>
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report notificall:	cation)
ALANA MANKO Name of Person		561 409-2216	
			Telephone Number
Enclosed is a check for t	he 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 St Certified Copy (additional copy is
Regist Divisi	JING ADDRESS: ration Section on of Corporations Box 6327	STREET/COURIF Registration Section Division of Corpora Clifton Building	ı

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

DETOX OF DELRAY, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Γhe Articles of Organization for this Limited Liability Company were filed on 06/13/2016
Florida document number L16000113062
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 abbreva
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
SE SEE SEE SEE SEE SEE SEE SEE SEE SEE
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zi _l
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Register

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address
MGR	STEVEN MANKO	7000 North Federal Highway Boca Raton, Florida 33487
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Effect	ive date, if other than the date of filing: (optional)
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.
Dated	
	AAN)
	Signature of a member or authorized representative of a member
	Alport Monco

Typed or printed name of signee

Filing Fee: \$25.00