

LI6000164028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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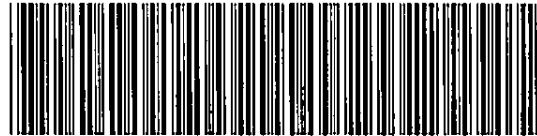
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
SEP - 5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL TREATMENT SOLUTIONS, 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:

Katrina Lachica

Name of Person

Total Treatment Solutions, LLC

Firm/Company

9750 Sunrise Lakes Blvd, Ste. # 204

Address

Sunrise, FL 33322

City/State and Zip Code

katrina@totaltreatmentsolutions.com

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

For further information concerning this matter, please call:

Katrina Lachica

at (917)
Area Code

294-5213

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

TOTAL TREATMENT SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/01/2016 and assigned
Florida document number L 16000164028.

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:

9750 SUNRISE LAKES BLVD, STE. # 204

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FL 33322

Enter new mailing address, if applicable:

9750 SUNRISE LAKES BLVD, STE. # 204

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FL 33322

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:

KATRINA LACHICA

New Registered Office Address:

9750 SUNRISE LAKES BLVD, STE. # 204

Enter Florida street address

SUNRISE

City

Florida 33322

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

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	KATRINA LACHICA	9750 SUNRISE LAKES BLVD.	<input checked="" type="checkbox"/> Add
		STE. # 204	<input type="checkbox"/> Remove
		SUNRISE, FL 33322	<input type="checkbox"/> Change
AMBR	MICHAEL COTTEC	3907 N. FEDERAL HWY	<input type="checkbox"/> Add
		STE. # 248	<input checked="" type="checkbox"/> Remove
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 MIAMI ASSOCIATION

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

1. Please change Article II (Street address of the principal office of the LLC &

mailing address of the LLC to:

9750 SUNRISE LAKES BLVD. STE. # 204, SUNRISE, FL 33322

2. Please change the Articles of Organization Representative Title as follows:

Katrina Lachica - AMBR to MGR

3. Please list on Sunbiz.org under the title Authorized Person Detail as follows:

Katrina Lachica - MGR

4. Please remove Michael Cottec from Sunbiz.org as a representative for Total Treatment Solutions, LLC

In addition please remove the address: 3907 N Federal Hwy, Ste 248, Pompano Beach, FL 33064

from any Articles of Organization for Total Treatment Solutions, LLC

The correct address for Total Treatment Solutions, LLC is:

9750 Sunrise Lakes Blvd., Ste. # 204, Sunrise, FL 33322

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2017 AUG 31 PM 1:36
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

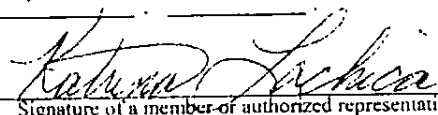
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____ July 28 _____ 2017



Signature of a member or authorized representative of a member

Katrina Lachica

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2016

TOTAL TREATMENT SOLUTIONS, LLC
KATRINA LACHICA
3907 N FEDERAL HWY, STE. #248
POMPANO BEACH, FL 33064

SUBJECT: TOTAL TREATMENT SOLUTIONS, LLC
Ref. Number: L16000164028

We have received your document for TOTAL TREATMENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00026637