# 116000185125

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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#### **COVER LETTER**

| TO:      | Registration Section Division of Corporations  |               |   |             |
|----------|--|---------------|---|-------------|
| SUBJE    | CT: Conscious Contact Sober L  | iving, LLC    |   |             |
| SOBOL    |  | ne of Limite  | d Liability Company   |             |
| Dear Si  | r or Madam:  |               |   |             |
| The end  | closed Registered Agent/Registered Off   | ice Change    | and fee(s) are submitted for filing.  |             |
| Please r | return all correspondence concerning th  | is matter to  | the following:  |             |
| Louis    | Grippi   |               |   |             |
|          | Name of Person   |               |   |             |
| Seren    | Beginnings, LLC  |               | •   |             |
|          | Firm/Company   | <del>`</del>  | <del>-</del>  |             |
| 2230V    | V West Atlantic Avenue   |               |   | 20          |
| •        | Address  |               |   | 2019 JAN 22 |
| Delray   | / Beach, FL. 33445   |               |   | 22          |
|          | City/State and Zip Code  | <del></del>   | <del></del>   |             |
| Opera    | tions@serenetreatment.com  |               |   |             |
| E-       | -mail address: (to be used for future and  | iual report n | otification)  |             |
| For furt | ther information concerning this matter  | , please call | :   |             |
| Jeffrey  | / Tucker   | 561           | 376-7701  |             |
|          | Name of Person   | 4. (          | Area Code & Daytime Teleph  | one Number  |
|          | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |               | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |             |
|          | Enclosed is a check for the following  | ; amount:     |   |             |
|          | ☑ \$25 Filing Fee  | C             | \$55 Filing Fee & Certified Copy  |             |

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

Conscious Contact Sober Living, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/19/2018 and assigned Florida document number L16000185125

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:

(Principal office address MUST BE A STREET ADDRESS)

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 name of the ner registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

#### iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>                                       | Type of Action |
|--------------|-------------|--|----------------|
| MGR          | Mark Gibson | 2230W West Atlantic Avenue<br>Delray Beach, FL 33445 | □ Add          |
|              |             |  | ■ Remove       |
|              |             |  | Remove         |
|              |             |  | ☐ Change       |
| <del></del>  |             |  | D Add          |
|              |             |  | □ Remove       |
|              |             |  | ☐ Change       |
|              |             |  | D Add          |
|              |             |  | ☐ Remove       |
|              |             |  | C'hange        |
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|              |             | **************************************               | □ Change       |

| Mective date, if other than the date of filing:    (optional)   | · · · · · · · · · · · · · · · · · · ·  |   |                                       |   | <del></del>    |      |
|---|--|---|---------------------------------------|---|----------------|------|
| ffective date, if other than the date of filing:  an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed because it's effective date on the Department of State's records.  The 90th day after the record is filed.  |  |   |                                       |   |                |      |
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| fective date, if other than the date of filing:  n effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.  |  |   |                                       |   |                |      |
| fective date, if other than the date of filing:   |  |   |                                       | :::   | 20             |      |
| fective date, if other than the date of filing:  In effective date, if other than the date of filing:  In 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 605.05  In effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  In ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. |  |   |                                       | 1   |                | Ti   |
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| fective date, if other than the date of filing:   |  |   |                                       | <del>, -</del>                                |                |      |
| fective date, if other than the date of filing:   |  |   |                                       | <u>, , , , , , , , , , , , , , , , , , , </u> | <u>ا بي '</u>  | ,    |
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| ited January 15 , 2019 .  | record specifies a delayed<br>The 90th day after the reco                          | effective date, but not<br>ord is filed.                            | an effective time, a                  | t 12:01 a.m. on                               | the earlie     | er o |
|   | January 15   | 2019  |                                       |   |                |      |
|   |  | /1/_  | _                                     |   |                |      |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00