

L16000208547

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J. LEGGETT  
FEB 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MD Recovery Homes 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:

MICHAEL SILBERMAN  
Name of Person

\_\_\_\_\_  
Firm/Company

1648 Bullock Rd.  
Address

OWINGS MILLS, MD 21117  
City/State and Zip Code

MIKEABRIAN@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SILBERMAN at (410) 440-5777  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 11/14/2016 and assigned Florida document number L16000208547.

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)

1648 Bullock Rd  
OWINGS MILLS, MD  
21117

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1648 Bullock Rd.  
OWINGS MILLS, MD  
21117

**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:

New Registered Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, Florida  
City

Enter Florida street address

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CLERK OF COURT  
JANUARY 18 2017  
TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>JEFFREY A. DISINGER</u>	<u>821 CANAL DR</u>	<input type="checkbox"/> Add
		<u>BRYNMAW BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33435</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MICHAEL SILBERMAN</u>	<u>6494 LA GORGE LN.</u>	<input type="checkbox"/> Add
		<u>LAKE WORTH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33463</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ABRIAN ENTERPRISES, INC.</u>	<u>1648 BULLOCK RD.</u>	<input checked="" type="checkbox"/> Add
		<u>OWINGS MILLS, MD</u>	<input type="checkbox"/> Remove
		<u>21117</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated JANUARY 29<sup>TH</sup>, 2018

Signature of a member or authorized representative of a member

MICHAEL STUBERMAN

Typed or printed name of signee