

L16000218898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

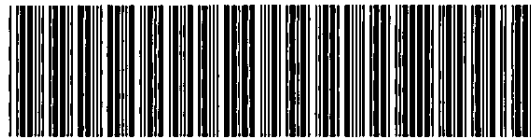
(Business Entity Name)

(Document Number)

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MAY 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOTUS HOUSE RECOVERY CENTER 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:

EDWARD RICHEL
Name of Person

Firm/Company

169 EAST FLAGLER ST #928
Address

MIAMI, FL 33131
City/State and Zip Code

EDRICHEL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED RICHEL at (917) 596-1929
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**

LOTUS HOUSE RECOVERY CENTER 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 12/02/16 and assigned Florida document number L16000218898.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

EDINARD TICHEL

New Registered Office Address:

N/A

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 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	EDWARD TICHET	12357 W DIXIE HWY NORTH MIAMI, FL 33161	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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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 5/8/2017, ✓

A member or authorized

EDWANT. chel.

Detail by Entity Name

Florida Limited Liability Company
LOTUS HOUSE RECOVERY CENTER, LLC

Filing Information

Document Number	L16000218898
FEI/EIN Number	81-4673606
Date Filed	12/02/2016
Effective Date	12/02/2016
State	FL
Status	ACTIVE

Principal Address

12357 W DIXIE HWY
NORTH MIAMI, FL 33161

Changed: 01/19/2017

Mailing Address

12357 W DIXIE HWY
NORTH MIAMI, FL 33161

Changed: 01/19/2017

Registered Agent Name & Address

TICHELI, ED
12357 W DIXIE HWY
NORTH MIAMI, FL 33161

Address Changed: 01/19/2017

Authorized Person(s) Detail

Name & Address

Title MGR

TICHELI, ED
12357 W DIXIE HWY
NORTH MIAMI, FL 33161

Annual Reports

Report Year	Filed Date
2017	01/19/2017

Document Images

01/19/2017 - ANNUAL REPORT	View image in PDF format
12/02/2016 - Florida Limited Liability	View image in PDF format