L17000063654

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Life Recovery and Rehabilitation 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:
Daniel Pacheco Name of Person
Florida Life Recovery and Rehabilitation LLC
1840 W 49 ST SUITE 605 Address
City/State and Zip Code A Xenes Cychoo. (OM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Pachero at (786) 970 1914 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

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

The Articles of Organization for this Limited Liability Company were filed on 3/20/2017 Florida document number L1700063654 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: _____. Florida <u>3</u>

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 Mem	ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amaya C. Ferrell	2021 NW 43 Terrave Apt. 23	<u>ろ</u> ロ Add
		Lauluhill, Fl. 33313	Remove
			Change
CEO	Daniel Pachero	1840 W 49 ST SUITE 60	D
		Hickory C1. 33012	Remove
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Note: 1	e date, if other than the date of filing: AUCST 11 2017 (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
	2212
	8/11 2017

Page 3 of 3

Filing Fee: \$25.00