## 117000 228647

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(DC	ocument Number)	
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Amend

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## **COVER LETTER**

TO: Registration Se Division of Cor			
	R TREATMENT INTERNATIO	NALLLC	
SUBJECT:	Name of Limit	ed Liability Company	
-			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Ivan D Garcia	REATMENT INTERNATIONAL.LLC  Name of Limited Liability Company  mendment and fee(s) are submitted for filling, once concerning this matter to the following:  Ivan D Garcia  Name of Person  Firm/Company  3760 BARTIGON AVE  Address  NORTH PORT, FL 34286  City/State and Zip Code  IVAN & C. W.S. V. C. L. G. W. T. T. T. G. G. G. M. S. W. S. V. C.	
		Name of Person	<del></del>
		Firm/Company	
	3760 BARTIGON AVE		
	<del>- ""</del>	Address	
	NORTH PORT, FL 34286		
	IVANN Q E-mail address: (to	@ WISH. Con	1 / 10 wtion a grue
For further information of	oncerning this matter, please ca	11:	
Ivan Garcia			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration		Street Address: Registration Sect	tion .

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company)	.)
The Articles of Organization for this Limited Liability Comp Florida document number L17000228647		and assigned
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 L	liability Company," the designation "LLC"	or the abbreviation "L.L.U."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRESS	0	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020    J. P.
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	····
•	, Flo	rida
	Ciry	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>	Address	Type of Action
AMBR	RAMON PEREZ	2607 Racoon Run Ln Orlando, Fl 32837	■Add
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			□Add
			ElRemove
			[]Change
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			□Remove
			🗀 Change
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ective date, if other than a reflective date is listed, the date te: If the date inserted in this nument's effective date on the	must be specific and s block does not a	id cannot be prior to meet the applicab	date of tiling or more ole statutory filing (	(option than 90 days after the equirements, this	iling.) Pursuant to 60:	5,0207 ted as
cord specifies a delayed effe s filed.	ctive date, but no	t an effective tim	ie, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	er the
Teb 26	2020	·				
	4	7	_			
	Signalure of a	enember or authori	ized representative of	'a member		

Filing Fee: \$25.00