

L17000257647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

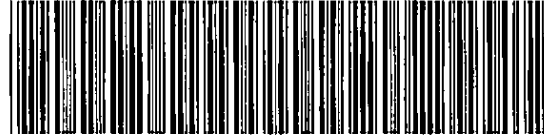
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18 FEB -8 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

FEB 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sobe Life 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:

Michelle Reichard

Name of Person

Sobe Life Center LLC

Firm/Company

18300 NW 62nd Ave Ste. 210

Address

Hialeah FL 33015

City/State and Zip Code

michelle.reichard@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Reichard

Name of Person

at (787)

Area Code

457-3777

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**

Sobe Life 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 12/18/17 and assigned Florida document number L17000257647.

This amendment is submitted to amend the following:

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

Advanced Recovery & Counseling LLC

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)

18300 NW 62nd Ave. Ste. 210
Hialeah, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18300 NW 62nd Ave
Ste. 210
Hialeah, FL 33015

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:

~~Michelle Reichard~~ (same)

New Registered Office Address:

18300 NW 62nd Ave. Ste. 210

Enter Florida street address

Hialeah

Florida

33015

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

FILED
FEB -8 AM 3:08
CLERK OF STATE
TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED
10 FEB - 8 PM 3:03
Remove
CL
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If possible, please remove prior address associated
with this LLC, as it is a private, home address:

3301 NE 18th Ave. Apt. 1512

Miami, FL 33137

E. Effective date, if other than the date of filing: ~~3/1/18~~ as soon as possible (optional)

(If an 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 5, 2018

[Signature]

Signature of a member or authorized representative of a member

Michelle Reichard

Typed or printed name of signer

FILED
18 FEB -8 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA