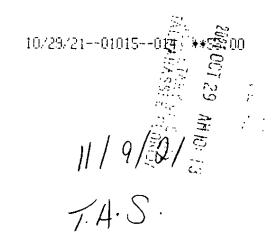
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CateVay Recovery Center LC. 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:
OSVALdo Mazzieri Name of Person
Gateway Recovery Center
3409 NWATH AVE, SUITE 1104
Oakland Park, FL 33309 City/State and Zip Code Ottowayre Covery Center and Mark COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachel Davone at (561) 856-7145 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(sateway Recovery		
(Name of the Limited Liability Company as (A Florida Limited Liability	t ⁱ now appears on our recor y Company)	rds.)

The Articles of Organization for this Limited Liability Company were filed on 05|07|30|8 and assigned Florida document number 4800015003.

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 Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3409 NW 9th o Suite 1104 Dakland Par	Ave K, FL 3330
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3409 NN 9th f Suite 1104 Dakland Park	TL33309
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the n</u>	ametof thespew registered
New Registered Office Address:	Enter Florida street address . Florida	Danib.
	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>	Type of Action
<u>C00</u>	RacherBarone	SAJANN OHLAVE	🛛 🗸 Add
	MGR	Suite 1104	□Remove
		Suite 1104 Oakland Park, Fl	33309 Change
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•	fter filing.) Pursuant to 605.02
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.	: (b) The 90th day after th
ared October 19 , 2021.	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00