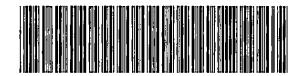
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2022 JUN - 2 AM 11: 35

COVER LETTER

	Registration So Division of Cor				
SUBJEC	Mountains	Edge Recovery Center, LLC		-	
SUBJEC	.1:	Name of Lin	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspe	ondence concerning this matter	to the following:		
		Cynthia Bellino			
			Name of Person		
		Mountains Edge Recovery	Center, LLC		
			Firm/Company		
		1802 NE Jensen Beach Bly	rd.		
			Address		
		Jensen Beach, FL 34957			
		City/State and Zip Code			
		ap@justbelieverecovery.com	n to be used for future annual report notifie	ration)	
For furthe	er information c	oncerning this matter, please ca	·		
Cynthia I	3ellino		772 323-5600		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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)	
I	Mailing Addres Registration S Division of C	Section	Street Address: Registration Sect Division of Corpe		

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

FILED

Just Believe Recovery Center At Mountains Edge LLC

2022 JUN -2 AH 11: 35

(Name of the Lim.	ted Liability Compa	ny as it now appears on our rec	ordsett 1910 and a comment
	(A riorida Limited)	Diagnity Company)	TALLAHASSEE.FL
The Articles of Organization for this Limited I			
Florida document number L19000131572			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited ligh	ility company here:	
Mountains Edge Recovery Center, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "I,	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1802 NE Jensen Beach Blvc	I
Principal office address MUST BE A STREI	ET ADDRESS)	Jensen Beach, FL 34957	
	-		
Enter new mailing address, if applicable:		Same	
Mailing address MAY BE A POST OFFICE	BOX)		
3. If amending the registered agent and/or or or a second and/or the new registered office addresses.	registered office a <u>ss here</u> :	nddress on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:	Cynthia Bellino		
New Registered Office Address:	1802 NE Jensen	Beach Blvd	
,		Enter Florida street add	ress
	Jensen Beach	_	Florida ³⁴⁹⁵⁷
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
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	SSEE, FLE	
	- w	
Effec	tive date, if other than the date of filing:	
	ffective 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
f an e	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	d as
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