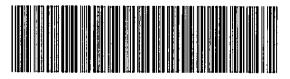
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## **COVER LETTER**

. TO: Registration Section

Division of Co	rporations		
Road To R	tecovery Wellness Center LLC	,	
		2. 11.12. 2	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph Pfeffer or Luis Goo	nzalez	
		Name of Person	
	Road To Recovery Welling	ess Center LLC	
		Firm/Company	
	412 SE 6th St		
		Address	<del></del>
	Fort Lauderdale, Florida,	33301	
		City/State and Zip Code	
	joseph@RTRWC.com or		
	E-mail address: (	to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	all:	
Joseph Pfeffer		813 203-9683	
Name o	of Person	at () Area Code Daytime T	Celephone Number
Enclosed is a check for t	_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stars & Certified Copy (additional copy is englosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Strallahassee, FL 3	orations Jahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Road To Recovery Wellness Center LLC			
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	<u>coras.</u> )		
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/30/2019}{\text{Elionida document number}}$ .		and ass	igned
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 abb	reviation "L.	L.C."
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, en agent and/or the new registered office address here:  Name of New Registered Agent:	iter the name	e of the nev	v registerec <i>(</i> 3
	_	MAR	-7
New Registered Office Address:  Enter Florida street ad	ldress	. <del>.</del>	1100
	Florida	<u> </u>	:77
City		Zip Code	D
New Registered Agent's Signature, if changing Registered Agent:		ťΠ	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joseph Pfeffer	412 SE 6th st, Fort Lauderdale, Florida, 33301	
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			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other than the	date of filing: March 3, 20		(optional)	ω ⇔
an effective date is listed, the date must ote: If the date inserted in this bl				
ocument's effective date on the D	epartment of State's records.	, ,	·	
record specifies a delayed effectiv Lis filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
March 3	2021	•		
ated		. 1		
ated	(). 0	00 1.		
Dated	Signature of a member or author	Africa representative of a re	nember	

Filing Fee: \$25.00