

L190000271924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

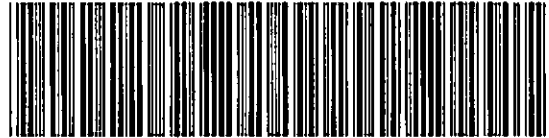
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Trying to file an amendment

Office Use Only



400377339184

12/06/21--01023--005 **87.50

2021 DEC 10 PM 12:52

Amend

JAN 12 2022

ALBRITTON

c

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Road to Recovery Wellness 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:

Dr. James Hughes, PhD
Name of Person

Road to Recovery Wellness Center, LLC
Firm/Company

6261 W. Atlantic Blvd
Address

Margate, FL 33063
City/State and Zip Code

drhughes@rtrwc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. James Hughes at 954 543 7946
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 10 PM 3:10

SECRET
TALLAHASSEE
NE
L

December 17, 2021

LUIS GONZALEZ
6261 W. ATLANTIC BLVD
MARGATE, FL 33063

SUBJECT: ROAD TO RECOVERY WELLNESS CENTER LLC
Ref. Number: L19000271924

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

Please complete/submit the form in its entirety as there are pages missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 621A00030583

Dear Irene,

*Please note, I, Dr. James Hughes
made the changes on the
correct forms that you attached.*

Sincerely Dr Hughes

drhughes@rtwc.com *954-543-2946*

www.sunbiz.org

**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 records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10.30.2019 and assigned Florida document number 419000271924

This amendment is submitted to amend the following:

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

N/A

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)

6261 W. Atlantic Blvd
Margate, FL 33063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6261 W. Atlantic Blvd
Margate, FL 33063

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:

N/A

New Registered Office Address:

6261 W. Atlantic Blvd
Enter Florida street address
Margate Florida 33063
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

Title MGR Salvatore Pace 6261 W. Atlantic Blvd ☐ Add
Margate FL 33063 ☒ ~~Change~~

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 11/1/21 (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

11/1/21

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

James P Hydes PhD CEO

Typed or printed name of signee

954-543-2946

Filing Fee: \$25.00