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O: Registration Se Division of Cor			
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UBJECT: BG South	Tampa LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Gary Francis		
		Name of Person	
		Firm/Company	
	2604 S Toronto Ave.		
		Address	
	Tampa FL 33629		
	gary@garyfrancis.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	(Teation)
or further information c	oncerning this matter, please c	all:	
Gary Francis		at (<u>863</u>) <u>307-6764</u>	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 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

BG South Tampa LLC (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) _____ and assigned Florida document number 1.20000049545 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cures Achieved LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

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>	Address	Type of Action
MGR	HOWARD A. STAPLETON	602 GLOUCESTER CT	≅Add
		MARYVILLE, TN 37803	□Remove
			Change
MGR	BEATRICE FRITSCHE	2602 S TORONTO AVE	
		TAMPA FL 33629	■Remove
			□Change
			□Add
			□Remove
			DbA□
		<u></u>	□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
add FIN 84-5094674
E. Effective date, if other than the date of filing:
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
Sam II man
Signature of a member or authorized representative of a member
Gary Francis