# 120000107720

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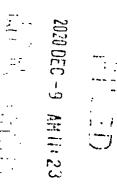


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# CORPORATE ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

		PICK	UP:	12/09/2	2020		
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	XX	FILING	AMEN	DMENT	·		
1.		DAYSPRING TREATMOCCORPORATE NAME AND DOCUME		ENTER L	LC	-	
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	CIA TRU	L CTIONS:					 
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Division of Cor	porations		
SUBJECT:	MAYSADINY TI	REATMENT (E	STER LIC DEMOVIER
		ited Liability Company	07/10/1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Ma	ARUNA JOUR	OG
	DAI	Name of Person SPRING IRE	ATMENT (ENTER LIC
	120 E CAI	KLAND PARK Z	ATMENT (ENTER LICE  DLUB QUITE 205
	DAKLAND	PARK FL; 3	3334
	H-mail address: (6)	PARK FL; 2 City/State and Zip Code TREATMENTC ( o be used for future annual report n	CIMAIL. COM
For further information co	oncerning this matter, please ca	II:	
Name of	FRUMA Jours		144- 5680 time Telephone Number
Enclosed is a check for th	e following amount:		
\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

OF

### TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Co	inted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000107720</u>	<b>/</b>
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 I	iability Company," the designation "L.I.C" or the abbreviation "L.I.C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	STE 205, OAKLADD PARKTESSE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registere</u> d
Name of New Registered Agent:	4D Paixipa Georp ELC
New Registered Office Address:	Enter Florida street address  AKLAND Florida 33324
New Registered Agent's Signature, if changing Registered Age	Turp sterre
provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is five address. I hereby confirm that the limited liability  Changing Registered Agent, Signature of New Registered Agent

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	^	Address	Type of Action
MARM	ARICHE !	BEAVIOR	<b>5</b>	CAdd
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 defayed 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. ONTMBER Signature of a member or authorized representative of a member