LZ0 000196786

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Desurport Number)
(Document Number)
Certified Copies Certificates of Status
2)8/21
Special Instructions to Filing Officer:
}





200356831822 /

01/06/21--01009--008 ++25.00

S TALLENT MAR 15 121

MV

71 KMA - 3 - AM 8: 33

COVER LETTER

TO: Registration Section Division of Corporations ,
SUBJECT: Sun Coast Le Detox 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:
RADOS VETA RIZZO Name of Person
RADOS VETA RIZZO Name of Person VILLA SolieL LLC Firm/Company
50 EAST RD. #9F
DelRay Beach, FL33483
Hamil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RADOSUETA RIZZO at 561, 561-289-2585 Name of Person at 561, 561-289-2585 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 15, 2021

RADOSVETA RIZZO VILLA SOLIEL LLC 50 EAST RD #9F DELRAY BEACH, FL 33483

SUBJECT: SUNCOAST DETOX, LLC

Ref. Number: L20000196786

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 821A00003348

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Division And the Division of the U.S. The second

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Detox, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/09/2	2020	and assigned
Florida document number	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of the new name of the new name must be distinguishable and contain the		1 1 1	From "LLC" or the ab	previation "L. [. C."
Enter new principal offices address, if applicable:		50 East Rd	atim Time of the time	The state of the s
		9F		
(Principal office address MUST BE A STRE	Delray Beach, FL 33	 3483		
				·
Enter new mailing address, if applicable:				269
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · ·	
			· · · · · ·	20
				
n re				af the native sister.
B. If amending the registered agent and/or agent and/or the new registered office addre	registerea office . ess bere:	address on our recor	os, enter the name	
are the tier regime red down times				ශ ය
Name of New Registered Agent:	Radosveta Rizz	7.0		ယ
New Registered Office Address:	50 East Rd 9F			
		Enter Florida street address		
	Delray Beach		. Florida ³³	183
		Ciry		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 Changing Registered Agent Signature of New Registered Agent

'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 .	Radosveta Rizzo	50 East Rd Delray Beach, FL 33483	≣ Add
			□Remove
			□Change
			□Remove
			□Change
			□Change
			UAdd
			Петюче
			□ Change
	·		□Add
			□Remove
			□Change
			□Add
			⊡Rенюче
			∐Clumge

-	
	<u> </u>
•	
	
. Effect	ive date, if other than the date of filing:

Signature of a piember or authorized representative of a member

PADUSUETA DIZZO

Typed or printed name of signee