

L20000296257

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2023 AUG 14 AM 8:14

A. PARISHANI

SEP 17 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Recovery for Life treatment and 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:

Annaiza Colón  
Name of Person

Recovery for Life treatment and Wellness Center LLC  
Firm/Company

1359 E. Sample RD  
Address

Pompano Beach FL 33064  
City/State and Zip Code

Annaiza. Colón@gmail.com  
E-mail address: (to be used for future annual report notification)

2023 AUG 14 AM 8:45

For further information concerning this matter, please call:

Annaiza Colón at (305) 766-9667  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Recovery for Life Treatment and 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 9/21/20 and assigned  
Florida document number L20000296257

This amendment is submitted to amend the following:

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

Recovery for Life Treatment and Wellness Center LLC

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)

1359 E. Sample RD  
Pompano Beach FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1359 E. Sample RD  
Pompano Beach FL 33064

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:

Annaiza Colón

New Registered Office Address:

1359 E. Sample

*Enter Florida street address*

Pompano Beach

*City*

Florida

33064

*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.*

Annaiza Colón

**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>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Annaiza Sharma</u>	<u>1900 NW 44<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>Deerfield Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33064</u>	<input type="checkbox"/> Change
<u>Pres</u>	<u>Annaiza Colón</u>	<u>1359 E. Sample RD</u>	<input checked="" type="checkbox"/> Add
		<u>Pompano Beach</u>	<input type="checkbox"/> Remove
		<u>FL 33064</u>	<input checked="" type="checkbox"/> Change
<u>VPres</u>	<u>Rudradave Sharma</u>	<u>1900 NW 44<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>Deerfield Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33064</u>	<input type="checkbox"/> Change
<u>VPres</u>	<u>Chad A. Laramore</u>	<u>1900 NW 44<sup>th</sup> ST</u>	<input type="checkbox"/> Add
		<u>Deerfield Beach</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33064</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change

2023 AUG 15 AM 8:44

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

- Removal of Both V-Pres
- Change of Address
- Change of Pres's Last name  
(from Sharma to Colon)

2023 AUG 14 AM 8:14

Annaiza Colon is the president of  
 Recovery for life treatment and wellness  
 center.  
 As well as the only member of the  
 LLC.

E. Effective date, if other than the date of filing: 8/9/2023 (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 8/9/2023

Signature of a member or authorized representative of a member

Annaiza COLON

Typed or printed name of signee