

L20000296257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

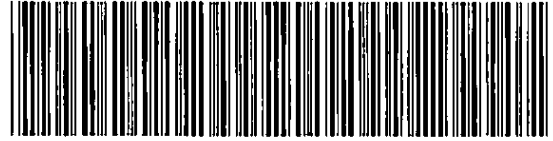
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
101 MASSACHUSETTS AVENUE



R. HUNT

3/2/24

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon
(850) 524-5437 Teresa
(850) 524-6243 Rich

Please use funds from account: I20210000160: \$30.00

Authorization Signature: *[Signature]*

Business Name: RECOVERY FOR LIFE TREATMENT AND WELLNESS CENTER LLC

Document # L20000296257

Certified Copy
 Certificate of Status

NEW FILINGS &

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- LLLP
- Corp
- Inc
- Other

AMENDMENTS

- Amendment
- Resignation / Dissociation
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Articles of Conversion
- Amended & Restated Articles of Incorporation
- Statement of Authority

2009

APOSTILLE(s) &

- Apostille(s)
- Country(s)

OTHER FILINGS

- Foreign Filing
- Reinstatement
- Qualification
- Fictitious Name
- Annual Report

EXAMINER'S INITIALS: _____

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 COLON
Name of Person
RECOVERY FOR LIFE TREATMENT AND WELLNESS CENTER LLC
Firm/Company
1359 E SAMPLE ROAD
Address
POMPANO BEACH, FL 33064
City/State and Zip Code
RECOVERY4LIFE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNAIZA COLON at (305) 766-9667
Name of Person Area Code Daytime Telephone Number

11:51:09

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 09/21/2020 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:

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)

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

_____, Florida _____

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.

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>
AMBR	SHAYNE EPSTEIN	1359 E SAMPLE ROAD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

01/09/10

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

Multiple horizontal lines for amending information.

01/01/20

E. Effective date, if other than the date of filing: JUNE 1, 2024 (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 JUNE 1, 2024

Annaiza Colon
Signature of a member or authorized representative of a member

ANNAIZA COLON
Typed or printed name of signee