120000380574

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PIEK-U	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer

Pick up at 3:00

Office Use Only

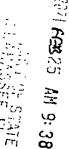


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COVER LETTER

TO:

TO: Registration S Division of Co			
CUDICO	ENT CENTERS PLLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRED T. FINNEY		
		Name of Person	
	DIVINE FINNEY DAVIS	S, PC	
		Firm/Company	
	600 N. JACKSON ST.		
		Address	· ·
	ALBANY, GA 31701		
		City/State and Zip Code	
	fred@dfdpclaw.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	·	nearony
FRED FINNEY		229 883-1610	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Toron 2415 N. Monroe Tallahassec, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TREATMENT CENTERS PLLC	
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on DECEMBER 4, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1400 VILLAGE SO BLUD 3-258
(Principal office address MUST BE A STREET ADDRI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 VILLAGE SQ BLVD, 3-259 Talkahaner, FC-32312
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	ARASI THANGAVELUE asi Thangarely
	Enter Florida street address ST = 15
	Tallahossee Florida C323/2
New Registered Agent's Signature, if changing Registered	

New Registered Agent's Signature, it 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 heing 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	BARRY SMITH	3425 BANNERMAN ROAD, 105-501	
		TALLAHASSEE, FL 32312	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			🗀 Add
			□Change

in the ivianager(s) of the	Company as provided in the Company's Operating Agreement."
-	
-	
	
22 If the date inserted in thi	the date of filing:
ord specifies a delayed effe filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 15	2021
	—· —·