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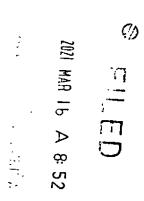
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co		
VERO BE	ACH RECOVERY CENTER I	1. <i>C</i>
SUBJECT:	Name of Lin	nted Fiability Company
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	KOSTA VELIS	
		Name of Person
	VERO BEACH RECOVE	RY CENTER LLC
Firm/Company		Firm/Company
	333 17TH STREET, STE.	J
		Address
	VERÓ BEACH, FL 32960	J
	kosta velis@verobeachreco E-mail address (City/State and Zip Code ivery.com to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
KOSTA VELIS		772 538-8847 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & S60,00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Porporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERO BEACH RECOVERY				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records.) Liability (company)			
he Articles of Organization for this Limited Liability Company were filed on22 and assigned				
Florida document number L21000043203				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	document number L21000043203 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: same must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" on the appreximant "LLC" and office address address, if applicable: all office address MUST BE A STREET ADDRESS) Even mailing address, if applicable: 233 17TH STREET SUITE J VERO BEACH, FLORIDA 32960 SUITE J VERO BEACH, FLORIDA 32960 SUITE J VERO BEACH, FLORIDA 32960 SUITE J VERO BEACH, FLORIDA 32960			
The new name must be distinguishable and contain the words "Limited Liabi	thy Company," the designation "LLC" or the abbreviation "LLC"			
Enter new principal offices address, if applicable:	333 17TII STREET			
(Principal office address MUST BE A STREET ADDRESS)	SUITE J			
	VERO BEACH, FLORIDA 32960			
Enter new mailing address, if applicable:	333 17TH STREET			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE J			
	VERO BEACH, FLORIDA 32960			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	(P)			
Name of New Registered Agent:				
New Registered Office Address:				
	umer riorata street adaress			
· · · · · · · · · · · · · · · · · · ·	City Florida D 11 Cityle U			
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 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	Progressive Mind Center, PLLC	333 17th Street	Dadd
		Suite F	XRemove
		Vero Beach, FL 32960	\text{\text{\$\sum Change}}
MGR	Theresa A. Prescott, DO	333 17th	XAdd
		Street Suite E	□Remove
		Vero Beach, FL 32960	□Change
			DAdd
			□Remove
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ote: If the date inserted in this block	k does not meet the applica	ble statutory filing requ	irements, this date will	not be listed a
ocument's effective date on the Depa	irtiment of State's records.		••	
record specifies a delayed effective o	ate, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90	
MANUSUL 12				
ated MARCH 12	2021			
C	\$13C/ .			
Si	gnature of a member or author	ized representative of a m	ember	

Filing Fee: \$25.00