

121 000 333 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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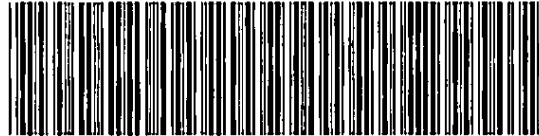
(Business Entity Name)

(Document Number)

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2022 JUL 25 PM 2:58
TALLAHASSEE FL
STATE

A BUTLER

OCT 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Morse's Detox Centers, 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:

Robert S. Morse

Name of Person

Dr. Morse's Detox Centers, LLC

Firm/Company

525 Tamiami Trail Unit 1

Address

Port Charlotte FL 33953

City/State and Zip Code

admin@drmdcus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2022 JUL 25 PM 2: 58

Dr. Morse's Detox Centers, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

COUNTY OF STATE
ALL FL

The Articles of Organization for this Limited Liability Company were filed on 7/22/2021 and assigned Florida document number L21000333290.

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)

525 Tamiami Trail

Units 4, 5 & 6

Port Charlotte FL 33953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

525 Tamiami Trail

units 4, 5, & 6

Port Charlotte FL 33953

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>
<u>MGR</u>	<u>Jennifer Billingham</u>	<u>525 Tamiami Tr.</u>	<input type="checkbox"/> Add
		<u>Unit 1</u>	<input checked="" type="checkbox"/> Remove
		<u>Port Charlotte FL 33953</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jennifer Willette</u>	<u>525 Tamiami Tr.</u>	<input type="checkbox"/> Add
		<u>Unit 1</u>	<input checked="" type="checkbox"/> Remove
		<u>Port Charlotte FL 33953</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Jason Willette</u>	<u>525 Tamiami Trail</u>	<input checked="" type="checkbox"/> Add
		<u>Units 4, 5 & 6</u>	<input type="checkbox"/> Remove
		<u>Port Charlotte, FL 33953</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Holly Morse</u>	<u>16094 Galena Ave.</u>	<input type="checkbox"/> Add
		<u>Port Charlotte FL 33954</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Robert Morse</u>	<u>525 Tamiami Trail</u>	<input type="checkbox"/> Add
		<u>Unit 1</u>	<input type="checkbox"/> Remove
		<u>Port Charlotte FL 33953</u>	<input checked="" type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(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)

Dated July 1, 2022

John R. R.
Signature of a

Signature of a member or authorized representative of a member

Jennifer Billingham

Typed or printed name of signee

Filing Fee: \$25.00