

L22000375838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

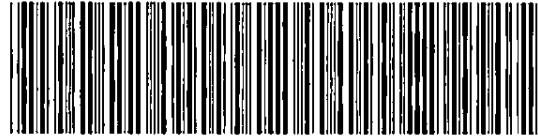
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 11 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/10/2022

****WALK IN****

ENTITY NAME THE CENTER FOR ALCOHOL & DRUG STUDIES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$55 _____

ACCOUNT #: I20160000072

E R H

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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THE CENTER FOR ALCOHOL & DRUG STUDIES, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/29/2022 and assigned
Florida document number L22000375838.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7859 Lake Worth Road

(Principal office address MUST BE A STREET ADDRESS)

Lake Worth, FL 33467

Enter new mailing address, if applicable:

225 N Federal Hwy 8th Floor Suite 808

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach, Florida 33062

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

DocuSign Envelope ID: 7EFDDF09-4424-4BD7-8A1D-83F16BC7AF3F
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	The Joseph Tuttle Living Trust	310 NE 5th Avenue	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The Monika Tuttle Living Trust	310 NE 5th Avenue	<input type="checkbox"/> Add
		Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BTC Intermediate Holdings, LLC	225 N Federal Hwy 8th Fl Ste 808	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SEBASTIAN COUNTY
TALLAHASSEE, FL

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.

Filing Fee: \$25.00