

L 23000283816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

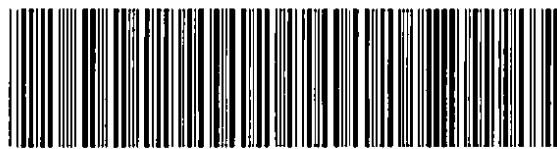
(Business Entity Name)

(Document Number)

Certified Copies _____

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12/01/23--01022--001 **25.00

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2023 DEC 1 PM 3:38

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COVER LETTER

O: Registration Section
Division of Corporations

UNITED CENTER FOR RECOVERY, LLC
SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annamarie Lopinto

Name of Person

UNITED CENTER FOR RECOVERY, LLC

Firm/Company

318 US HWY 1

Address

Jupiter, FL 33477

City/State and Zip Code

annamarie.ackner@phoenix-bhc.com

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

For further information concerning this matter, please call:

Annamarie Lopinto

564

815-2649

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

The 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**

UNITY CENTER FOR RECOVERY, 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 06/12/2023 and assigned
Florida document number L23000283816.

This amendment is submitted to amend the following:

1. 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:

3451 W. MIDWAY ROAD

(Principal office address MUST BE A STREET ADDRESS)

FORT PIERCE, FL 34981

Enter new mailing address, if applicable:

1200 SOUTH PINE ISLAND ROAD

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL 33324

2. 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

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Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	MY 5 KIDS, LLC	318 US HWY 1 ste 200 jupiter fl 33477	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
IGR	PHOENIX BEHAVIORAL HEALTH	318 US hwy one ste 200 jupiter fl 33477	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Effective date, if other than the date of filing: _____ (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)

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 cord is filed.

_____ *Ally*

Annamarie Lopinto

Filing Fee: \$25.00