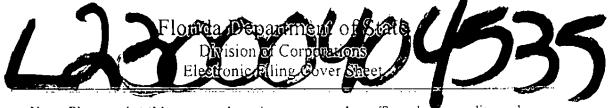
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Division of Corporations



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(((H23000314320 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

LLC AMND/RESTATE/CORR	ECT OR M/MG RESIGN	
MERGE RECOVERY SOLUTI	IONS OUTPATIENT, L.L.C	•
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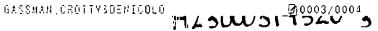
Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERGE RECOVERY SOLUTIONS OUTPATIENT				
(Name of the Limited Liability Compa (A Florida Limited	any as it new appears on our r Liability Company)	ccord <u>v</u> )		
The Articles of Organization for this Limited Liability Company Florida document number L23000404535	were filed on 8/28/2023		and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited ligh	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designation	"LLC" or the at	breviation "L.L	C.*
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	nter the nam	e of the new	register
		· -		
Name of New Registered Agent:			- 2	
New Registered Office Address:			٠٩	
	Enter Florida street c	ddress		
		, Florida	Zip Cōđệ	
	Cig	<u> </u>	Zip Cōđệ	۲.
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	•	-:-1	
	ree to act in this capacity	I further ag es, and I am	ree to comp	ly with th

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

Title	<u>Name</u>	Address	Type of Action
MGR	MOSHE SOFER	1245 COURT STREET	
		CLEARWATER, FL 33756	_
		1245 COURT STREET	_
MGR	MOSHE SAFFER	CLEARWATER, FL 33756	BAdd
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un effective date is listed, the date of the date of the date inserted in this	must be specific and s block does not r	a cannot be prior to meet the applicat	ogate of tiling or mo	ere than 90 days prequirements	after filing.) Pursuant to , this date will not be	605.0207 listed as
ocument's effective date on th	e Department of S	State's records.				
record specifies a delayed effe is filed.	ctive date, but not	an effective tim	e, at 12:01 a.m. o	n the earlier o	1: (b) The 90th day (	iter the
September 7		2023	· · ×			
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ated		100				

Filing Fee: \$25.00

Typed or printed name of signee