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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

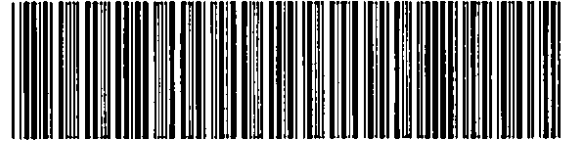
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
STATE DEPT OF TREASURY
DIVISION OF SECURITIES
2021 MAR 25 PM 12:07

MUN 07 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinnacle Treatment Center LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Kimbro

Name of Person

Pinnacle Treatment Center LLC

Firm/Company

725 Cinnamon Rd

Address

North Palm Beach, FL 33408

City/State and Zip Code

accounting@pinnacleetc.com

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

For further information concerning this matter, please call:

Debra Kimbro

Name of Person

at (706) 633-3384
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Pinnacle Treatment Center LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000000665

3. Jurisdiction of its organization: AZ

4. Date authorized to do business in Florida: 01/17/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Paramount Recovery Center LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

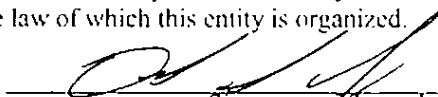
2021 MAR 25 PM 12:07
DIVISION OF STATE REGISTRATION

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Debra Kimbro

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Paramount Recovery Center LLC

ACC file number: L20956086

was incorporated under the laws of the State of Arizona on 05/27/2016, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/22/2021



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: PARAMOUNT RECOVERY CENTER LLC
ENTITY ID: L20956086
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed

NEW NAME

Paramount Recovery Center LLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Bryan Hulihan
PHYSICAL ADDRESS: 1931 Pine Tree Dr, PRESCOTT, AZ 86303
MAILING ADDRESS: PO Box 4333, PRESCOTT, AZ 86302

KNOWN PLACE OF BUSINESS

445 Miller Valley Rd, PRESCOTT, AZ 86301

PRINCIPALS

Member: Bryan Hulihan - 1931 Pine Tree Dr, PRESCOTT, AZ, 86303, USA - - Date of Taking Office: 07/01/2018
Member: Debra Kimbro - 725 Cinnamon Rd, NORTH PALM BEACH, FL, 33408, USA - - Date of Taking Office: 01/01/2019
Member: Heather Russell - 725 Cinnamon Rd, NORTH PALM BEACH, FL, 33408, USA - - Date of Taking Office: 01/01/2019
Member: Jeremy Bloom - 10441 E. Thatcher Ave, MESA, AZ, 85212, USA - - Date of Taking Office: 01/01/2021
Member: KAGEN VERGNETTI - 108 Faldo Ridge, CLAYTON, NC, 27527, USA - - Date of Taking Office: 01/01/2017

SIGNATURE

Member: Debra Kimbro - 02/20/2021

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Arizona Corporation Commission - RECEIVED: 2/20/2021
Arizona Corporation Commission - PENDING: 2/20/2021

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I am changing the entity name from Pinnacle Treatment Center LLC to Paramount Recovery Center LLC.