M73196

(Requestor's Name)	
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(City/State/Zip/Phone #	;)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
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COVER LETTER

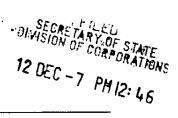
TO: Amendment Section Division of Corporations

	RATION: The Recov	ery Room of Cer	ntral Florida, Inc.
DOCUMENT NUMI	BER: M73196		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	•
Please return all corres	spondence concerning this ma	tter to the following:	
	George W. Tor	rn	
•		Name of Contact Persor	1
	The Recovery	Room of Cent	tral Florida, Inc.
•		Firm/ Company	
	32512 Hawks	Lake Lane	
		Address	
	Sorrento, FL 3		
		City/ State and Zip Code	2
ea	roegnrot@gma	il com	
<u> </u>		sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
	 -	407	0-4 4-0-
George W.	Iorn	at (407	<u> 951-4795 </u>
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mai	ling Address	Street	A ddress
	endment Section		ment Section
Divi	sion of Corporations	Divisio	n of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



The Recovery Room of Central Florida, Inc.

(Name of Corporation as currently filed with the	e Florida Dept. of State)
M73196	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Zuluaga & Torn RMS Investment (
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	32512 Hawks Lake Lane
(Principal office address MUST BE A STREET ADDRESS)	Sorrento, FL 32776
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32512 Hawks Lake Lane
	Sorrento, FL 32776
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Elanida	street address)
,	,
New Registered Office Address: (C	ity) , Florida (Zip Code)
•	
New Registered Agent's Signature, if changing Registered Ag. I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the position.
Signature of New Register	ed Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	,
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		•	
Add			
Remove			
S) Chara-			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			<u></u>
δ) Change			
Add			
Remove			

	's, if necessary).	cles, enter change (Be specific)			
					
					
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The date of each amendment(s) ac	doption: 12-3-12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	cember 3 2000
Signature	
By a d	lirector, president or other officer – if directors or officers have not been bd, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	George W. Torn
	(Typed or printed name of person signing)
	President
	(Title of person signing)