N1000005791

-(Re	equestor's Name)
(Ad	ldress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cil	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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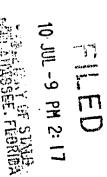




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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: RECOVERY L	LIVING BETTE	ER, INC.	
DOCUMENT NU	MBER: N10000005791			
The enclosed Articl	es of Amendment and fee are sul	omitted for filing.	1	
Please return all cor	respondence concerning this mat	ter to the following:	;	
		E J JAIMES		
	(Name of	f Contact Person)		
	RECOVERY L	IVING BETTER,	INC.	
	(Firm	n/ Company)		
	1816 S	SW 31ST AVE		
		Address)		••
تے ہیں ستان ج		· · · · · · · · · · · · · · · · · · ·		
	PEMBROKI	E PARK, FL 330	09	
	(City/ Sta	ate and Zip Code)		
	vaponte	even@cs.com		
	E-mail address: (to be use		report notificati	on)
For further informa	tion concerning this matter, pleas	se call:		
Victor H Aponte		at (786	853-0603	
(Nan	ne of Contact Person)	(Area C	Code & Daytime	e Telephone Number)
Enclosed is a check	for the following amount made	payable to the Florid	da Department o	of State:
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filin Certified Copy (Additional co- enclosed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address	,
	nendment Section		lment Section	_
	vision of Corporations		n of Corporation Building	S
). Box 6327 lahassee. FL 32314		xecutive Center (Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



RECOVERY LIVING BETTER, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000005791

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

bbreviation "Corp." or "Inc." "Company" or	itain the word "corporation" "Co." may not be used in the	or "incorporated" or the <u>name</u> .
Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		t.
		·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
		•
. If amending the registered agent and/or renew registered agent and/or the new regist	· · · · · · · · · · · · · · · · · · ·	rida, enter the name of th
Name of New Registered Agent:	oreu orneo aduress.	
New Registered Office Address:	(Florida street addres	
		:

Signature of New Registered Agent, if changing

I am familiar with and accept the obligations of the

I hereby accept the appointment as registered agent.

position.

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) Title Name Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresp onding section of any future federal tax code. EIN - 27-2852537

The date of each amendmen	t(s) adoption: <u> </u>	3/21/2010			
Effective date <u>if applicable</u> :	06/21/2010	(date of adoption	ı is required)	•	
	(no moi	re than 90 days after	amendment fil	e date)	
Adoption of Amendment(s)	(<u>C</u> H	IECK ONE)			•
The amendment(s) was/we was/were sufficient for app	ere adopted by the proval.	members and the nu	umber of votes	cast for the am	endment(s)
There are no members or adopted by the board of di		to vote on the amend	dment(s). The	amendment(s)	was/were
Dated 06/2	1/2010		7		
(By	e not been select	vice chairman of the ed, by an incorporal I fiduciary by that fi	tor – if in the h	nt or other officends of a rece	cer-if director iver, trustee, o
		JOSE J JA	NIMES	1	•
	(Ту	ped or printed name	of person signi	ng)	•
		.	•	:	
		Preside	ent.		
	· · · · · · · · · · · · · · · · · · ·	(Title of person si	igning)	······································	•

Page 3 of 3