

N140000010550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

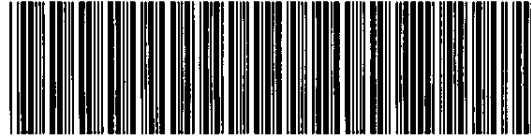
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000268549760

Amended

01/27/15--01015--004 **43.75

FILED
2015 JAN 30 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/30/15

**00789, 01169, 00707, 00671*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2015

Ronald Lowy
Lowy and Cook PA
501 N.E. First Avenue, Suite 200
Miami, FL 33132

SUBJECT: BACK ON TRACK TO RECOVERY, INC.
Ref. Number: N14000010550

We have received your document for BACK ON TRACK TO RECOVERY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 315A00001744

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Back on Track to Recovery, Inc.

DOCUMENT NUMBER: N14000010550

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald Lowy

(Name of Contact Person)

Lowy and Cook, P.A.

(Firm/ Company)

501 NE 1st Avenue, Suite 200

(Address)

Miami, Florida 33132

(City/ State and Zip Code)

ronlowy@lowypa.com

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

For further information concerning this matter, please call:

Ronald Lowy

(Name of Contact Person)

at (305) 371-5585

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

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

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

Articles of Amendment
to
Articles of Incorporation
of

Back on Track to Recovery, Inc.

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

N14000010550

(Document Number of Corporation (if known))

FILED

2015 JAN 30 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1177 Kane Concourse

2nd Floor

Bay Harbor Islands, FL 33154

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1177 Kane Concourse

2nd Floor

Bay Harbour Islands, FL 33154

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Barry Shochat</u>	<u>36 NE 1st Street</u> <u>Suite 252</u> <u>Miami, FL 33132</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Kristopher Taplin</u>	<u>1177 Kane Concourse</u> <u>2nd floor</u> <u>Bay Harbour Island, FL 33154</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Chris Taplin</u>	<u>335 NE 167 Street</u> <u>Suite 309</u> <u>N. Miami, FL 33132</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Joseph Halpern</u>	<u>1177 Kane Concourse</u> <u>2nd floor</u> <u>Bay Harbour Island, FL 33154</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Steve DeGruccio</u>	<u>1177 Kane Concourse</u> <u>2nd floor</u> <u>Bay Harbour Island, FL 33154</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Barry Shochat</u>	<u>1177 Kane Concourse</u> <u>2nd floor</u> <u>Bay Harbour Island, FL 33154</u>

No. 1435 P. 6

[illegible]

The date of each amendment(s) adoption: January 1, 2015 if other than the date this document was signed.

Effective date (if applicable): _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

1/30/15

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kristopher Taplin

(Typed or printed name of person signing)

President

(Title of person signing)