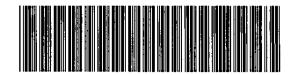
(Re	equestor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAR 17 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

THE ADDICTI NAME OF CORPORATION:	ON RECOVERY FO	UNDATION, INC.
N15000000873 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Craig M. Oberweger, Esq		
	(Name of Contact Person	n)
Palm Law Partners PA		
	(Firm/ Company)	
7000 W Palmetto Pk Rd #210		
	(Address)	
Boca Raton Florida 33433		
	(City/ State and Zip Cod	e)
craig@palmlawpartners.cor	n	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Craig M. Oberweger	800 at (520-2052
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation of

TUE ADDICTION DECOVER	of		EC
THE ADDICTION RECOVER	RY FOUNDATION, INC.	15 MAR 16	<u>새 원: 53</u>
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	• •	744 (U) UU
N15000000873		AANAAN MUANASIS	11/21/2
(D	ocument Number of Composition (if known)		The second of the state.

name must be distinguishable and contain the	word "corporation" or "incorporated" or the abbreviation "Co	The . orp." or "In
"Company" or "Co." may not be used in the I		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	EL ICE BOX)	
D. If amending the registered agent and/or	registered office address in Florida, enter the name of the istered office address:	
new registered agent and/or the new regi		
<u>Name of New Registered Agent:</u>	·	
	(Florida street address)	
Name of New Registered Agent:	, Florida	Code)

Page 1 of 4

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.

<u>X</u> (mple: Change Remove Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
<u>Type</u> (Che	e of Action eck One)	<u>Title</u>	<u>Name</u>	Address
1) _	Change			
_	Add			
_	Remove			
2) _	Change		<u> </u>	
_	Add			
_	Remove			
3).	Change			
_	Add			
_	Remove			
4)	Change			
´ -	Add			
_	Remove			
5) _	Change			
	Add		-	
_	Remove			
െ	Change			
·) _	Change	 		
_	Remove			

If amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)		
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	•		
			

Րեթ	date of each amendment(s) adoption:	, if other than the
	this document was signed.	, it officer than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	_
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 2/1/15	
	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)	
	Craig M. Oberweger	
	(Typed or printed name of person signing) Dir.	
	(Title of person signing)	