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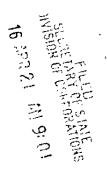
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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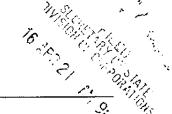
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MALIBU BAY C	OMMUNITY RECOVERY	Y, INC.			
DOCUMENT NUM	P1/000050830					
The enclosed Article	s of Amendment and fee are so	abmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Michael J. Schlesinger, Esq.					
	Name of Contact Person					
	SCHLESINGER & ASSOCIATES, P.A.					
		Firm/ Company				
	800 BRICKELL AVENUE, SUITE 1400					
		Address				
	MIAMI, FL 33131	,				
		City/ State and Zip Cod	e			
MJS	@MJSJD.COM ; ESERVICE(@MJSJD.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
MICHAEL SCHLESINGER		at (305	de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MALIBU BAY COMMUNITY RECOVERY, INC.

as currently filed with the Florida Dept, of State)
nt Number of Corporation (if known)
statutes, this Florida Profit Corporation adopts the following amendment
oration:
The new
"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
ESS)
d office address in Florida, enter the name of the fice address:
(Florida street address)
(Florida street address), Florida
nt St.

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D	_	ROBERT G. HARDEN	9260 SW 142 ST
Add				MIAMI, FL 33176
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_	<u> </u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				. 400
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	-
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	stament if not comained in the amendment users.
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nl(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment .
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	•
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/18/14	
Signature Long Harden	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
IRMA HARDEN	
(Typed or printed name of person signing)	
PERSONAL REPRESENTATIVE OF ROBERT G. HARDÉN	
(Title of person signing)	