71500023651

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	. <u>.</u>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number))
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: READY 4 RECOV	/ERY TREATMENT CEN	TER, INC.
DOCUMENT NUMBI		,	
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		BIANCA BUTO	
_		Name of Contact Person	1
	READY 4 REC	OVERY TREATMENT C	ENTER, INC
_		Firm/ Company	
		1940 2ND STREET	
_		Address	
	POMI	PANO BEACH, FL, 33060	
-		City/ State and Zip Code	e
	dpapantonio	@changestreatmentcenter.c	com
	• •	sed for future annual report	
	concerning this matter, pleas		990-7171
Name of Contact Person		Area Co	990-7171 de & 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		lment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

READY 4 RECOVERY TREATMENT CENTER, INC.

READT 4 RECOVERT TREATMENT	CENTER, INC.			
(Name	of Corporation as currentl	y filed with the Florida Dep	t. of State)	
P15000023651				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	ing amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor		abbreviation
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
			<u> </u>	
				<i>,</i>
D. If amending the registered agent ar new registered agent and/or the ne			me of the	
Name of New Registered Agent	N/A	-		
<u>Name oj New Registerea Agent</u>				
	(Florida str	ant addragal		_
	N/A	eet uuuress)		
New Registered Office Address:		(City)	_, Florida	p Code)
		(0)	(2.7	2 2040)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>.</u>	Fig. 2	
I hereby accept the appointment as regis.	tered agent. I am familiar v	with and accept the obligation	5.22	
	Cianctina - (N) n	anistanad Annut if alianatus		
	signature oj New K	egistered Agent, if changing	14 CO	

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>	Name	<u>Addres</u> s
I) Change	T	ROBERT A. BUTO	8020 BLUERIDGE LANE
X Add			PARKLAND, FL. 33067
Remove			
2) Change	N/A		
Add			
Remove			
3) Change	N/A		
Add			
Remove			
4) Change	N/A		
Add			
Remove			W-144476-004440
5) Change	N/A		
Add			
Remove			
	37/4		
6) Change	N/A		
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary)	. (Be specific)
N/A	
•	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	iendment if not contained in the amendment usen.
N/A	

N/A
The date of each amendment(s) adoption:, if other than t
date this document was signed.
N/A
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 date will not be listed as t document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
AUGUST 21, 2017
Dated
Signature Desico Besto
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
BIANCA BUTO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)