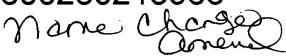
## P150000558444

| (Requestor's Name)                      |                 |
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| (Address)                               |                 |
| (Address)                               |                 |
| (City/State/Zip/Phone                   | <del>//</del> ) |
| PICK-UP WAIT                            | MAIL            |
| (Business Entity Name                   | e)              |
| (Document Number)                       |                 |
| Certified Copies Certificates of        | of Status       |
| Special Instructions to Filing Officer: |                 |
| •                                       |                 |
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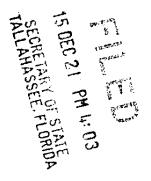
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A RAMSEY

## **COVER LETTER**

. . .

Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

5

| NAME OF CORPOR   | ATION: TREATMENT AN                         | ID RECOVERY LEGAL S  | SERVICES, PA   |
|--|---|--|--|
| DOCUMENT NUMB  | ER: P15000055844                            |  |  |
| The enclosed Articles of   | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corresp  | ondence concerning this ma                  | tter to the following:   |  |
|  | Aaron Richard Modiano                       |  |  |
| -  | · · · · · · · · · · · · · · · · · · ·       | Name of Contact Persor   | 1  |
|  | TREATMENT AND RECO                          | VERY LEGAL SERVICES  | S. PA  |
| -  |   | Firm/ Company  |  |
|  | 1323 SE 4TH AVE                             | , ,  |  |
| -  |   | Address  |  |
|  | FORT LAUDERDALE, FL                         | 33316  |  |
| -  |   | City/ State and Zip Cod  | ę  |
| AARO   | ON.MODIANO@GMAIL.CO                         | ОМ   |  |
| ·  | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |
| For further information  | concerning this matter, pleas               | se call;   |  |
| AARON RICHARD MODIANO  |   | at (   | 837-9379   |
| Name o   | f Contact Person                            | Area Co  | 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Ameno<br>Divisio<br>Clifton  | Address  Iment Section on of Corporations Building Executive Center Circle             |

## Articles of Amendment to Articles of Incorporation

TREATMENT AND RECOVERY LEGAL SERVICES, PA

15 DEC 21 PM 4: 03

| P15000055844   | as currently filed with the Florida Dept. of SINGRETARY OF STATE TALLAHASSEE, FLORIDA  |
|--|--|
|  | nt Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida S  | Statutes, this Florida Profit Corporation adopts the following amendment(s)  |
| 4. If amending name, enter the new name of the corp  | poration:  |
| TRLS, PA   | The new  |
| name must be distinguishable and contain the word<br>"Corp.," "Inc.," or Co.," or the designation "Corp,"<br>word "chartered," "professional association," or the ab | "corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>  | YESS)  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | D/A  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of  |  |
| Name of New Registered Agent P/  | 4  |
|  |  |
|  |  |
| New Registered Office Address:   |  |
| Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing Regis  | (Florida street address) , Florida (City) (Zip Code)   |
| <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>  | 1 4 ture of New Registered Agent, if changing  |
| Signat   | ture 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: X Change          | <u>PT</u>    | John Doe        |                          |  |  |  |
|----------------------------|--------------|-----------------|--------------------------|--|--|--|
| X Remove                   | V            | Mike Jones      |                          |  |  |  |
| <u>X</u> Add               | <u>sv</u>    | Sally Smith     |                          |  |  |  |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s          |  |  |  |
| 1) Change                  | D            | ANDREW D WASHOR | 1323 SE 4TH AVE          |  |  |  |
| Add                        |              |                 | FT, LAUDERDALE, FL 33316 |  |  |  |
| X Remove                   |              |                 |                          |  |  |  |
| 2) Change                  |              |                 |                          |  |  |  |
| Add                        |              |                 |                          |  |  |  |
| Remove                     |              |                 |                          |  |  |  |
| 3 ) Change                 |              | - ÷             |                          |  |  |  |
| Add                        |              |                 |                          |  |  |  |
| Remove                     |              |                 |                          |  |  |  |
| 4) Change                  | <u>-</u> .   |                 |                          |  |  |  |
| Add                        |              |                 |                          |  |  |  |
| Remove                     |              |                 |                          |  |  |  |
| 5) Change                  |              |                 |                          |  |  |  |
| Add                        |              |                 |                          |  |  |  |
| Remove                     |              |                 |                          |  |  |  |
| 6) Change                  |              |                 |                          |  |  |  |
| Add                        |              |                 |                          |  |  |  |
| Remove                     |              |                 | _                        |  |  |  |

| Attach   | nding or adding<br>additional sheet    | ts, if necessary, | ). (Be specifi       | c)                                    | •              |                  |              |
|----------|--|-------------------|----------------------|---------------------------------------|----------------|------------------|--------------|
|          | N/A                                    |                   |                      |                                       |                |                  |              |
|          |  |                   |                      |                                       |                |                  |              |
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|          |  |                   |                      |                                       |                |                  |              |
| lf an ar | mendment pro                           | vides for an ex   | change, recla        | ssification, or                       | cancellation o | f issued shares, |              |
| provis   | sions for imples<br>if not applicable, | menting the ar    | <u>nendment if n</u> | ot contained i                        | n the amendm   | ent itself:      |              |
| (0       |  |                   |                      |                                       |                |                  |              |
|          | N/A                                    |                   |                      |                                       |                |                  |              |
|          |  | <del></del>       |                      |                                       |                |                  |              |
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| _        |  |                   |                      |                                       |                |                  |              |
|          |  |                   |                      |                                       | _              |                  |              |
| <u>-</u> |  |                   |                      |                                       |                |                  |              |
|          |  |                   |                      |                                       |                |                  |              |

| The date of each amendment(s) a                                    | doption:  | , if other than th       |
|--|---|--------------------------|
| date this document was signed.                                     |   |                          |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment file date)  |                          |
|  | block does not meet the applicable statutory filing requirements, this date w   | vill not be listed as th |
| document's effective date on the De                                | epartment of State's records.   |                          |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                          |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.  |                          |
|  | proved by the shareholders through voting groups. The following statement 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 addraction was not required.             | opted by the board of directors without shareholder action and shareholder  |                          |
| The amendment(s) was/were add action was not required.             | opted by the incorporators without shareholder action and shareholder   |                          |
| DECEMB<br>Dated  | ER 10. 2015   |                          |
| Signature  | chink.  |                          |
| (By a c  | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) |                          |
|  | AARON RICHARD MODIANO   |                          |
|  | (Typed or printed name of person signing)   |                          |
|  | DIRECTOR  |                          |
|  | (Title of person signing)   | <u> </u>                 |