

06-16-2011

04:01PM

FROM: GARY DYTRYCH & RYAN, P.A.

+561 844 1064

T-180

P 001/004

F-009

L11000031678

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000160836 3)))



H110001608363ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rj@gdr-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACORN COUNSELING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED

11 JUN 16 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 16 AM 8:17

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUN 17 2011

EXAMINER

6/16/2011 3:45 PM

COVER LETTER

((H11000089620 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ACORN COUNSELING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory C. Picken

Name of Person

Gary, Dytrych & Ryan, P.A.

Firm/Company

701 U.S. Highway One, Suite 402

Address

North Palm Beach, FL 33408

City/State and Zip Code

RJ@GDR-LAW.COM

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

For further information concerning this matter, please call:

Gregory C. Picken

Name of Person

at (561)

844-3700

Area Code & Daytime Telephone Number

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 16 AM 8:17

FILED

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H11000089620 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H11000089620 3)))

ACORN COUNSELING, LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 15, 2011 and assigned
Florida document number L11000031678

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BEST LIFE COUNSELING, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

(((H11000089620 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 6-1 2011

Jennifer Benaim
 Signature of a member or authorized representative of a member

JENNIFER BENAIM, Managing Member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11 JUN 16 AM 8:17

FILED

((H11000089620 3)))