

L/2000/48579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

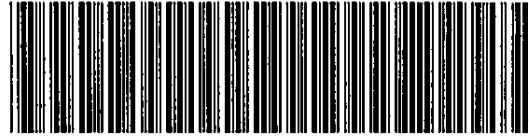
Special Instructions to Filing Officer:

**A. LUNT**

DEC 10 2012

**EXAMINER**

Office Use Only



700242408417

12/07/12--01039--010 \*\*25.00

2012 DEC -7 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.111 FAX: (800) 388-0330  
EMAIL: anna@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**EXPEDITE FILING SERVICE**

DATE: 12/6/2012

FROM: ANNA MANUKYAN

Client Matter: # 9039624

TO: REGISTRATION SECTION  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Affordable Care Consultants LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (6)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

CK# 664541 \$25.00 (FILING FEE)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC -7 PM 5:36

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AFFORDABLE CARE CONSULTANTS 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:

**DARLA PARRA**  
Name of Person  
**ROCKET LAWYER**  
Firm/Company  
**5668 E. 61ST STREET**  
Address  
**COMMERCE, CA 90040**  
City/State and Zip Code  
**Nataly@alzcoach.com**  
E-mail address: (to be used for future annual report notification)

2012 DEC -7 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

For further information concerning this matter, please call:

**DARLA PARRA** at ( **800** ) **462-5487**  
Name of Person Area Code & Daytime Telephone Number

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

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

Affordable Care Consultants 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 11/28/12 and assigned Florida document number L12000148579.

This amendment is submitted to amend the following:

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

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)

FILED  
28 DEC -7 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Nataly Rubinstein

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.*

Nataly Rubinstein  
**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGRM	Nataly Rubenstein	975 Arthur Godfrey Road Suite 404 Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nataly Rubinstein	975 Arthur Godfrey Road Suite 404 Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2012 DEC 27 PM 5:51  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated November 28 2012

Nataly Rubinstein  
 Signature of a member or authorized representative of a member

Nataly Rubinstein  
 Typed or printed name of signee