



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

FORWARD COUNSELING ASSOCIATES, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Neil Greenbaum, Esq.

\_\_\_\_\_  
Name of Person

Greenbaum Law Firm, P.A.

\_\_\_\_\_  
Firm/Company

20 South Swinton Avenue

\_\_\_\_\_  
Address

Delray Beach, Florida 33444

\_\_\_\_\_  
City/State and Zip Code

neil@neilgreenbaumlaw.com

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

For further information concerning this matter, please call:

Neil Greenbaum, Esq.

561 463-2133

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

FORWARD COUNSELING ASSOCIATES, 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 November 3, 2015 and assigned Florida document number L15000186826

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 contain 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:

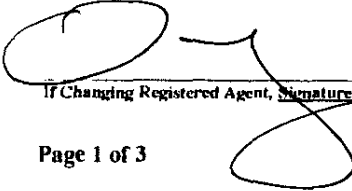
*(Mailing address MAY BE A POST OFFICE BOX)*

**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:	<u>Anthony Kling</u>
New Registered Office Address:	<u>4953 Le Chalet Blvd., Suite 1</u> <i>Enter Florida street address</i>
	<u>Boynton Beach</u> <u>33-436</u> <i>City Florida Zip Code</i>

**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 605, 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

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or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ahmad Bryant	6292 Breckenridge Circle	<input type="checkbox"/> Add
		Lake Worth, Florida 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bryan Yarnell	1665 Palm Beach Lakes Boulevard	<input type="checkbox"/> Add
		West Palm Beach, Florida 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Singular Services, LLC	808 SW 10th Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Forward Recovery, LLC	2934 SW 22nd Circle	<input checked="" type="checkbox"/> Add
		Unit D	<input type="checkbox"/> Remove
		Delray Beach, Florida 33445	<input type="checkbox"/> Change
AMBR	Medicus Health Plan, Inc.	21055 Yacht Club Drive	<input checked="" type="checkbox"/> Add
		Suite 1801	<input type="checkbox"/> Remove
		Aventura, Florida 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

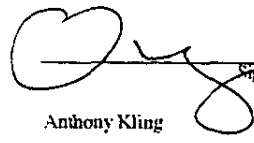
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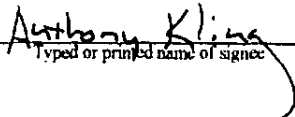
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 31 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anthony Kling  
  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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