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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORWARD COUNSELING ASSOCIATES, 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:

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@greenbaumlaw.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:

5109 S. La Sedona Circle

New Registered Office Address:

Enter Florida street address

Delray Beach

Florida

33483

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 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	Anthony Kling	5109 S. La Sedona Circle	<input type="checkbox"/> Add
		Delray Beach, Florida 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Singular Services, LLC	5109 S. La Sedona Circle	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33483	<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

Series of horizontal lines for text input.

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.

June 22, 2017
Dated _____

Anthony Kling
Handwritten signature.

Anthony Kling

Signature of a member or authorized representative of a member

Typed or printed name of signer

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Filing Fee: \$25.00

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