

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 _____

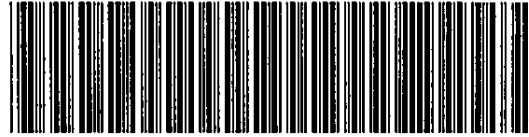
Special Instructions to Filing Officer:

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DEC 10 2012

EXAMINER

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TALLAHASSEE, FLORIDA

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ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST 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. 61ST STREET
COMMERCE, CA 90040**

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

NOTE(S):

CK# 664541 \$25.00 (FILING FEE)

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TALLAHASSEE, FLORIDA

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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)

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TALLAHASSEE, FLORIDA
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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)

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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

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 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