

LD5 000026933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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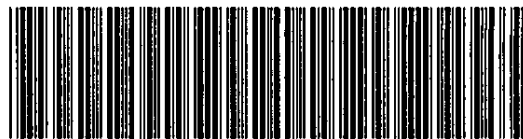
(Business Entity Name)

(Document Number)

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FILED
2013 MAY 16 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Roswood Ventures, 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:

Karen Wood

Name of Person

Karen Wood, LMHC, PA

Firm/Company

2400 N. University Dr. Suite 201

Address

Pembroke Pines, FL 33024

City/State and Zip Code

kr9@bellsouth.net

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

For further information concerning this matter, please call:

Karen Wood

Name of Person

954 536-5266

at ()

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

FILED
2013 MAY 16 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roswood Ventures, 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 3/17/2005 and assigned
Florida document number 202554782.

This amendment is submitted to amend the following:

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

Life Counseling Center of Broward, L.L.C.

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)

2400 North University Dr #201

Pembroke Pines FL 33024

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:

Karen Wood

New Registered Office Address:

2400 North University Drive Suite 201

Enter Florida street address

Pembroke Pines

City

Florida 33024

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

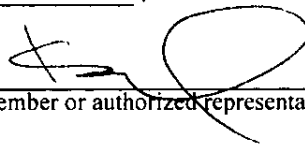
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| MGRP | Karen Wood | 2400 North University Dr #201 Pembroke Pines Fl 33024 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| MGR | Babette Rosabal | 2400 N University Dr Pembroke Pines Fl 33024 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 10 , 2013



Signature of a member or authorized representative of a member

Karen Wood

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA