Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H100000177863)))



H100000177863ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM :NC.

Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3869

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

D JAN 26 AM 6: 32 ECHETARY OF STATE

LLCAMND/RESTATE/CORRECTORM/MGRESIGN ARISINGCOUNSELINGGROUP, LLC

0	
1	
05	
\$55.00	<u> </u>
:	

Electronic Filing Menu

Corporate Filing Menu

Help

S. HAWKES

JAN 2 7 2010

EXAMINER

FAX COVER SHEET

то		
COMPANY		
FAX NUMBER	18506176383	
FROM	Lori Castille	
DATE	2010-01-26 13:41:17 PST	
RE	FW: Amendment Filing	

COVER MESSAGE

LZ Order # 7359479

Thank you!

Page 1 of 5

	COVER LETTER						
	legistration Section Division of Corporations						
SUBJECT	T: ARISING COUNSELING GROUP, LLC						
(Name of Limited Liability Company)							
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.						
Please reti	urn all correspondence concerning this matter to the following:						
	Tony Burroughs (Name of Person)						
	Legalzoom.com, Inc. (Firm/Cornpany)						
	7083 Hollywood Blvd., Suite 180						
	Los Angeles, CA 90028 (City/State and Zip Code)						
For furthe	r information concerning this matter, please call;						
Tony B	urroughs at (323) 962-8600 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed i	is a check for the following amount:						
\$25.00	Filing Fee \$\int_\$\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$60.00 Filing Fee, Certificate of Status & \$\int_\$\$						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



· de

ARISING COUNSELING GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(/11	thinited that sitty total party	
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/21/2009	and assigned
Florida document number <u>L09000038526</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:	,	
New Registered Office Address:	77 17	
	tEnter Florida st	•
••	, Flor	rida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as the provisions of all statutes relative to the propaaccept the obligations of my position as register being filed to merely reflect a change in the regions of my has been notified in writing of this characteristics.	er and complete performance of my duties, ed agent as provided for in Chapter 608, F stered office address, I herchy confirm that	and I am familiar with and .S. Or, if this document is
	(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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MILDRED GRAY	6548 CHESTER PARK DRIVE JACKSONVILLE FL 32222	Acki Remove
			Add Approved 26
			Add S
			Add Je Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	ry.)
_			
Dated	//(4/10 8/ . 20	010	
Dated	1 Anna	ober or authorized representative of a member	
	ANNA HARVEY, managing me	ember ped or printed name of yignee	

Page 2 of 2

Filing Fee: \$25.00