

L12000024564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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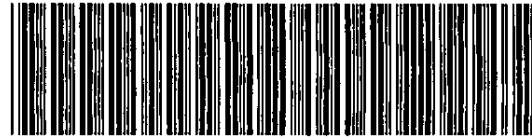
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 26 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: America Counseling Services & 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:

Dr. Ellison Scott  
Name of Person  
Charming Tree Wellness Center  
Firm/Company  
203 SE 2nd Ave  
Address  
Okeechobee, FL 34974  
City/State and Zip Code  
drscott@ctcentercares.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr Scott at (954) 696-3747  
Name of Person Area Code & Daytime Telephone Number

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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**

America Counseling Services & 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 2.21.2012 and assigned  
Florida document number L12000024564

This amendment is submitted to amend the following:

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

CHANGING TREE Wellness Center, LLC.

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)

203 SE 2<sup>ND</sup> Ave

Okeechobee, FL 34974

**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:

Yvonne Allen

New Registered Office Address:

3731 NW 75<sup>th</sup> Terrace

Enter Florida street address

Lauderhill

City

Florida

33319

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>
CFO	YVONNE Allen	3731 NW 75 <sup>th</sup> Terrace	<input checked="" type="checkbox"/> Add
		Landers Hill, FL 33319	<input type="checkbox"/> Remove
CDO	Andrew Scott	203 SE 2 <sup>ND</sup> Ave	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34974	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dr. Ellisa Scott will be ~~replaced~~ Titled  
CEO/President.

Dated 3/21/2013

Signature of a member or authorized representative of a member

Dr. Ellisa Scott, PhD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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