

L13000111559

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Apex Counseling, 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:

Evelt L. Simmons, Esquire

Name of Person

Greenspoon Marder, P.A.

Firm/Company

145 N.W. Central Park Plaza, Suite 200

Address

Port St. Lucie, Florida 34986

City/State and Zip Code

evett.simmons@gmlaw.com

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

For further information concerning this matter, please call:

Evelt L. Simmons, Esquire at (772) 873-5904

Name of Person

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Apex Counseling, 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 August 7, 2013 and assigned Florida document number L13000111559.

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)

145 N.W. Central Park Plaza

Suite 113

Port St. Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

145 N.W. Central Park Plaza

Suite 113

Port St. Lucie, FL 34986

**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:

Jon J. McKenzie

New Registered Office Address:

145 N.W. Central Park Plaza, Suite 113

*Enter Florida street address*

Port St. Lucie,

*City*

, Florida 34986

*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>
MGRM	Jon J. McKenzie	145 N.W. Central Park Plaza	<input checked="" type="checkbox"/> Add
		Suite 113	<input type="checkbox"/> Remove
		Port St. Lucie, FL 34986	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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STATE OF FLORIDA

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

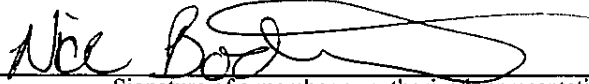
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Dated October 8<sup>th</sup>, 2013



Signature of a member or authorized representative of a member

Nicholas K. Boatman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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## TRANSFER OF MEMBERSHIP INTEREST AND OWNERSHIP

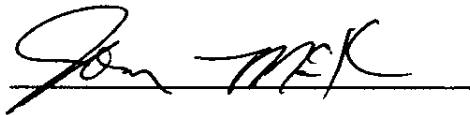
I Nicholas K. Boatman do willingly and voluntarily transfer 50% of the membership interest and ownership of APEX COUNSELING, LLC, a Florida Limited Liability Company, to Jon J. McKenzie. All matters of contractual issues will fall back on the original operating agreement signed by Nicholas K. Boatman.

**IN WITNESS WHEREOF**, the parties have executed or caused to be executed this Transfer of Membership Interest and Ownership and do each hereby represent and warrant that their respective signatory, whose signature appears below has been and is, on this date of this Agreement, duly authorized to execute this Agreement.

Dated: 9/26/13



Signature of Nicholas K. Boatman



Signature of Jon J. McKenzie

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TALLAHASSEE, FLORIDA

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