

LI3000145908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

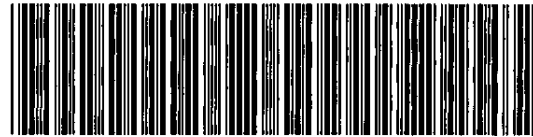
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263734212

09/04/14--01004--014 **25.00

FILED
2014 SEP -4 PM 12:42
CLERK OF STATE
TALLAHASSEE FLORIDA

SEP 10 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greener Side 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:

Megan R Rockwood

Name of Person

Greener Side Counseling LLC

Firm/Company

2532 White Horse Rd E

Address

Jacksonville, FL 32246

City/State and Zip Code

megan@greenersidecounseling.com

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

For further information concerning this matter, please call:

Megan R Rockwood

Name of Person

at (888) 793-2304

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2014 SEP -4 PM 12:42

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Greener Side 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 10/16/13 and assigned
Florida document number L13000145908.

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)

2532 White Horse Rd E

Jacksonville, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2532 White Horse Rd E

Jacksonville, FL 32246

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:

Megan Rae Rockwood

New Registered Office Address:

2532 White Horse Rd E

Enter Florida street address

Jacksonville

City

Florida

32246

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 605, 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.

Megan Rae Rockwood
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Megan Rae Rockwood	425 N. Kentucky Ave	<input type="checkbox"/> Add
		Deland, FL 32724	<input checked="" type="checkbox"/> Remove
MGR	Megan Rae Rockwood	2532 White Horse Rd E	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32246	<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

FILED
2014 SEP -4 PM 12:42
CLERK OF DISTRICT COURT
FLORIDA

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

Update registered agent address to
2532 White Horse Rd.
Jacksonville, FL 32246
Update UAR to this address as well

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/21, 2014

Megan Rae Rockwood MA, LMHC, CAP
Signature of a member or authorized representative of a member

Megan Rae Rockwood, MA, LMHC, CAP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP -4 PM 12:42
CLERK OF STATE
TALLAHASSEE FLORIDA