L15000050185

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SIGNES HAR 2 3 7815



March 5, 2015

LEONARD FRANK ANDERSON III 116 TURTLE COVE PANAMA CITY BEACH, FL 32413

SUBJECT: CONSULT4CHANGE, LLC

Ref. Number: W15000015867

We have received your document for CONSULT4CHANGE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00004535

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

JOVER LETTER

| SUBJECT: ConsulT4Change, LLC | |
|--|--|
| Name of Limited Liability Company | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | · · · · · · · · · · · · · · · · · · · |
| Please return all correspondence concerning this matter to the following: | |
| Leonard Frank Anderson III | |
| Name of Person | |
| ConsulT4Change, LLC | · |
| Firm/Company | |
| 116 Turtle Cove | |
| Address | |
| Panama City Beach, FL 32413 | |
| City/State and Zip Code | |
| troutmind@gmail.com | · · · · · · · · · · · · · · · · · · · |
| E-mail address: (to be used for future annual report notifica | tion) |
| For further information concerning this matter, please call: | |
| Leonard Frank Anderson III at (85 | 0) 708-5458 |
| | ephone Number |
| Enclosed is a check for the following amou | |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & | \$160.00 Filing Fee, |
| ate of Status Certified Copy Certificate of Status & (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |

| ARTICLES OF ORGANIZATION FOR I | FLORIDA LIMITED LIABILITY COMPANY | |
|--|--|---------------------|
| ARTICLE I - Name: | | |
| The name of the Limited Liability Company is: | | |
| Think.Change.Success. LLC | | |
| (Must end with the words "Limited | d Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal o | office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| Leonard Frank Anderson III 116 Turtle Cove | Leonard Frank Anderson III 116 Turtle Cove | |
| Panama City Beach, FL 32413 | Panama City Beach, FL 32413 | |
| ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered. | n Registered Agent. You must designate an individual or on.) | |
| Leonard Frank Anderson III | | |
| Name | e | |
| 116 Turtle Cove | | |
| Florida street address (P.O. Box | x NOT acceptable) | |
| Panama City Beach | FL 32413 | |
| City | Zip | |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object of the control of the contro | A AP | i this mance for in |
| (CONTINU | JED) | t s |
| Page 1 of 2 | AH 9: 52 | TT) |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | |
| MGR | Leonard Frank Anderson III |
| | 116 Turtle Cove |
| | Panama City Beach, FL 32413 |
| MGR | Susan Elizabeth Anderson |
| | 116 Turtle Cove |
| | Panama City Beach, FL 32413 |
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| (Use attachment if necessary) | |
| EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) | of filing: <u>March 14, 2015</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90 da |
| EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) | of filing: March 14, 2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90 da |
| EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any. | of filing: March 14, 2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90 da |
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| E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men | Land cannot be more than five business days prior to or 90 days A land land land land land land land land |
| E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605) | cific and cannot be more than five business days prior to or 90 days A A A A A A A A A A A A A A A A A A A |
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| E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony | nber or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-