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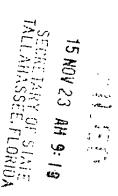
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		COUNSELING ASSOCIATI	ES, LLC	
DO DO DE		Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		BRYAN J. YARNELL, ES	SQ.	
			Name of Person	
		BRYAN J. YARNELL, PL	LC	
			Firm/Company	
1665 PALM BEACH LAKES BLVD., STE. 101				
			Address	
		WEST PALM BEACH, FI	ORIDA 33401	
			City/State and Zip Code	
		BRYAN@CIVILLAWFLO		
		E-mail address: (I	o be used for future annual report notifi	ication)
For furthe	er information c	oncerning this matter, please ca	dl:	
BRYAN	J. YARNELL,	ESQ.	561 952-0671 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

Tallahassec, 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

FORWARD COUNSELING ASSOCIATES, LI				
(<u>Name of the Limited Liability C</u> (A Florida Liv	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number L15000186826	npany were filed on NOVEMBER 3, 2015	and as	ssigned	1
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 contain 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) Enter new mailing address, if applicable:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the al	bbreviation "I	L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>		
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register		the name	e_of_tl	he n
registered agent and/or the new registered office addres	ss nere:	<i>≥</i> 22	15	
Name of New Projection & Assess			*	
Name of New Registered Agent:		50.28	~	
New Registered Office Address:	Enter Florida street address	- CS 20	<u>ω</u>	1947Hz.
	emer rionau sweet aaaress		Ť	74%
	, Florida	Zip Code	(49)	(via at
New Registered Agent's Signature if changing Registered A	• •		ණ	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	FORWARD RECOVERY	2934 SW 22ND CIR., UNIT D	
		DELRAY BEACH, FL 33445	Remove
			Change
AMBR	AHMAD BRYANT	6292 BREKENRIDGE CIR	■ Add
		LAKE WORTH, FL 33467	□ Remove
			Change
AMBR	BRYAN YARNELL	1665 PALM BEACH LAKES BLV	_ Add
		WEST PALM BEACH, FL 33401	Remove
			☐ Change
			Remove
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			☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filite: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	(optional) ing or more than 90 days after filing.) Pursuant to ry filing requirements, this date will not be	605.02 listed
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ea	ırlier
ted NOVEMBER 18 , 2015		
		

Page 3 of 3

Filing Fee: \$25.00