15000186826

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COVER LETTER

Division of Corporations FORWARD COUNSELING ASSOCIATES, LLC **SUBJECT:** 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: Neil Greenbaum, Esq. Name of Person Greenbaum Law Firm, P.A. Firm/Company 20 South Swinton Avenue Address Delray Beach, Florida 33444 City/State and Zip Code neil@neilgreenbaumlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Neil Greenbaum, Esq. Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$60.00 Filing Fee ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FORWARD COUNSELING ASSOCIATES, I		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on November 3, 2015	and assigned
Florida document number L15000186826		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES		
		7. SEC
	2	
Enter new mailing address, if applicable:		.
(Mailing address MAY BE A POST OFFICE BOX)		~ N
		T T
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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.

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>	Address	Type of Action
AMBR	Medicus Health Plan, Inc.	21055 Yacht Club Drive	
		Suite 1801	Remove
		Aventura, Florida 33180	☐ Change
AMBR	Forward Recovery, LLC	2934 SW 22nd Circle	□ Add
		Unit D	■ Remove
		Delray Beach, Florida 33445	☐ Change
AMBR	Singular Services, LLC	808 SW 10th Avenue	
		Delray Beach, Florida 33444	■ Remove
			SECONO Change .
AMBR	Ahmad Bryant	6292 Breckenridge Circle	AR Change .
	•		Remove
			□ Change
AMBR	Anthony Kling	4953 Le Chalet	■ Add
		Boynton Beach, Florida 33436	□ Remove
		**********	Change
	Anthony Kling		Add
			Remove
			□ Change

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ective date, if other than the n effective date is listed, the date mu	st be specific and cannot be prior to	date of filing or more th	an 90 days after filing.) F	ursuant to 605 02
te: If the date inserted in this becument's effective date on the I	lock does not meet the applicat Department of State's records.	ole statutory filing requ		
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record specifies a delaye The 90th day after the rec	d effective date, but not cord is filed.	an effective time,	, at 12:01 a.m. or	the earlier
December 2	2016			
	,	_		
	Signatura			
	Signature of a member or author	ized representative of a r	нетпоег	
Anthony Kling				

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Filing Fee: \$25.00