

L14 0000 64671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

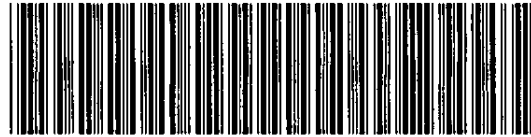
(Business Entity Name)

(Document Number)

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14 OCT -6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/29/2014

Good afternoon, please see the attached amendment for Articles of Organization to a Florida Limited Liability Company.

Please send any correspondence regarding this matter to

Attn: Matthew Enright
1906 Clint Moore Road, Suite 4
Boca Raton, FL 33496

Sincerely,

Matthew Enright, D.O.M.

Phone: 954-895-3276

Web: www.bocaratonflacupuncture.com

Email: BocaRatonAcupuncture@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boca Raton Integrated Medicine, 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:

Matthew Enright
Name of Person
Boca Raton Integrated Medicine, LLC
Firm/Company
1906 Clint Moore Road, Suite 4
Address
Boca Raton FL 33496
City/State and Zip Code
bocaratonacupuncture@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Enright at (954) 895-3276
Name of Person 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

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

Boca Raton Integrated Medicine, 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 4/16/2014 and assigned
Florida document number L24000064031

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Matthew Enright

New Registered Office Address:

1906 Clint Moore Rd, #4, 8

Enter Florida street address

Boca Raton

City

Florida

33496

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.

Matthew Enright
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	Paul Mahowald	1906 Clint Moore Road	☐ Add
		Suite # 4	☒ Remove
		Boca Raton, FL 33496	
			☐ Add
			☐ Remove
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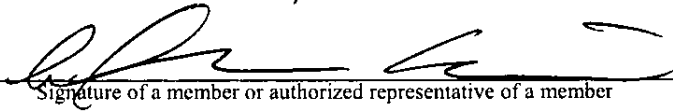
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT - 6 PM 1954

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

E. Effective date, if other than the date of filing: ____ 1 (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 August 11, 2014



Signature of a member or authorized representative of a member

Matthew Enright

Typed or printed name of signee

FILED
14 OCT -6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA