

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000270631 3)))



H170002705313ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	rporations	-,
		: (850) 617-6383	A.
From:			35
	Account Name	: CAPITOL SERVICES, INC.	₹.
	Account Number	: 120160000017	
	Phone	: (800)345-4647	F.4.
	Fax Number	: (800)432-3622	-, .
		•	
er the email	address for this	business entity to be us	ed f <u>ø</u> r::
annual report	mailings. Ente	r only one email address p	olea șe:*
Email Address	::		<u>- * : _</u>
		- 	
		1.	
LLCAM	ND/RESTATE/C	CORRECT OR M/MG RE	SIGN
LLC AM	ADJUDSTATES	ORRECT OR MANIE RE	0.0.1
LLC AM	ND/RESTATE/C	CORRECT OR M/MG RE	SIC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help of HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Verte Chiropractic, LLC				
(Name of the Limited Linblity Com (A Florida Limit	npany as it now appears on or ed Liability Company)	r records.		
The Articles of Organization for this Limited Liability Compa	iny were filed on 12/08/20	16	_ and assigne	d
Florida document number L16000222167				
This amendment is submitted to amend the following:	v			
A. If amending name, enter the new name of the limited li	iability company liere:			
Verte Chimpractic, PLLC				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designat	ion "LLC" or the abbre	viation FL.L.C.	, 291 182,
Enter new principal offices address, if applicable:	1814 Jake St.		<u>.</u> .	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32814		••	<u>—</u>
			6°	
	1-			
Enter your mailing address if applicables	P.O. Box 1263			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Camarillo, CA 93011		۷ .	
(Maching Bouress MAT DE ATOM CATTER BOAR)			77	ယ
registered agent and/or the new registered office address I Name of New Registered Agent:				
		-		
New Registered Office Address:	Enter Florida str	eet address		
	•.	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent; being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my di as provided for in Chapt	uties, and I am fan er 605, F.S. Or, if	niliar with a this docume	nd
It c	Changing Registered Agent, S	ignature of New Regis	tered Agent	_
Paj	ge 1 of 3			

H17000270631 3

Taylor Seay 800-432-3622

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 = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Anne Morgan	P.O. Box 1263	□ Add
		Camarillo, CA 93011	Remove
			Change
MBR	Dr. Taylor Wheaton, DC	1814 Jake St.	
		Orlando, FL 32814	
			Change
MBR	Dr. James Baily, DC	1814 Jake St.	■ Add
		Orlando, FL 32814	Remove
			Change
		100	Remove 2
			□ Change
			Add
			☐ Remove 😓
			Change
			□ Remove
			☐ Change

Page 2 of 3

Limited Liabilit	y Company Act for the sole and specific purpose of rendering professional	service and that has as	
its members on	y individuals who themselves are duly licensed or otherwise legally author	ized to render the same	
professional ser	vice as the limited liability company.		
			
			
			
			
		.	
·			
<u> </u>			
			
			
If an effective date is list Note: If the date inside document's effective he record specific	ther than the date of filing: ed, the date must be specific and cannot be prior to date of filing or more than 90 days and in this block does not meet the applicable statutory filing requirement date on the Department of State's records. es a delayed effective date, but not an effective time, at 12: for the record is filed.	s, this date will not be listed as the)
		, ,	
Dated October 13	. 2017	2017	
	n. H		
S4.	Signifuse of a member or authorized representative of a member		
Sh	Algorithms of a member of authorized representative of a member	• 63	ម
Sharon de	Monsabort, Manager	. · · · · · · · · · · · · · · · · · · ·	1

Filing Fee: \$25.00

H17000270631 3