

L18000 106057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

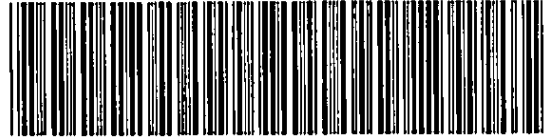
(Business Entity Name)

(Document Number)

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02/27/20--01008--015 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2020 FEB 27 AM 7:08

FILED

MAR 20 2020  
S. YOUNG

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Argenta Chiropractic 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:

Dr Richard Frost

\_\_\_\_\_  
Name of Person

Argenta Chiropractic LLC

\_\_\_\_\_  
Firm/Company

405 West Central Blvd

\_\_\_\_\_  
Address

Altamonte Springs, FL 32714

\_\_\_\_\_  
City/State and Zip Code

richardsfrost@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr Richard Frost

407 284.7347

\_\_\_\_\_  
Name of Person

at ( )

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 6227  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
Tallahassee, FL 32303  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Argenta Chiropractic LLC

(Name of the Limited Liability Company as it now appears on our records,)  
(A Florida Limited Liability Company)

**FILED**  
2020 FEB 27 AM 7:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/27 2018

Florida document number 118000106057

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Argenta Health LLC

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:**

475 West Lake Brantley

**(Principal office address MUST BE A STREET ADDRESS)**

Altamonte Springs FL 32714

**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:

New Registered Office Address:

475 West Lake Brantley

*Enter Florida street address*

Altamonte Springs

Florida 32714

*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>	<u>Address</u>	<u>Type of Action</u>
CEO	Dr Richard Frost	475 West Lake Brantley Altamonte Springs FL 32714	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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