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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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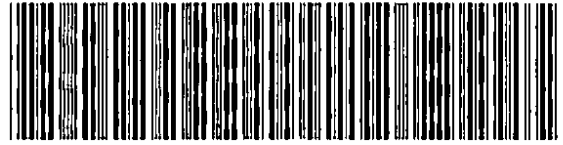
(Business Entity Name)

(Document Number)

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08/28/18--01:11:44 PM *425.00

2018 SEP 28 PM 10:44

R. WHITE
SEP 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revive Health and Wellness, 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:

William Chad Needd
Name of Person

Revive Health and Wellness, LLC
Firm/Company

1850 SW Fountainview Blvd, Suite 202
Address

Port St Lucie, FL 34986
City/State and Zip Code

chadneedd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Chad Needd at (561) 225-4242
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

2019 JUN 28 PM 10:44

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Revive Health And Wellness, LLC 2018 SEP 28 PM 10:44
(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 9/24/2018 and assigned Florida document number L18000226038.

This amendment is submitted to amend the following:

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

Neeld Family Chiropractic, 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:

(Principal office address MUST BE A STREET ADDRESS)

1850 SW Fountainview Blvd
Suite 202
Port St Lucie, FL 34986

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 registered agent and/or the new registered office address here:

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee