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TO:

Registration Section

Div	ision of Corp	oorations		
	ADVENT C	HIROPRACTIC LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		ESCOBAR QUINTERO J	UAN G	
			Name of Person	
ADVENT CHIROPRACTIC LL€				
Firm/Company				
3240 FAIRHAVEN AVE				
Address				
KISSIMMEE FL 34746				
			City/State and Zip Code	
		marinesperanza92@gmail.c	om to be used for future annual report	notification)
For further in	nformation co	incerning this matter, please ca		,
ESPERANZ		, , , , , , , , , , , , , , , , , , ,	754 234-3793 at ()	ı
	Name of	Person		rtime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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			Section Corporations of Tallahassee nroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVENT CHIROPRACTIC LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 1.21000368550	were filed on and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
ESCOBAR CHIROPRACTIC LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	912 COLFAX AVE				
(Principal office address MUST BE A STREET ADDRESS)	WINTER PARK FL32789				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				

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.

City

, Florida _

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
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			□Remove
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