

Jan. 22, 2019 11:05 AM

GRAY ROBINSON

NOV 05 2018

1/22/2019

Division of Corporations

M/180000011342

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000024601 3)))



H190000246013ABCX

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To: Division of Corporations
Fax Number : (850)617-6383

From: Carne Ramos FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)343-8880
Fax Number : (407)244-5690

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 JAN 22 AM 9:55

LED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SFL CHIRO 4, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

DEC 23 2019

A. LUNT

2019 JAN 22 AM 11:39

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SFL Chiro 4, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is M18000011342

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 1-1-19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SFL Axis 4, LLC

(must contain "Limited Liability Company," "LL.C.," "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LL.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

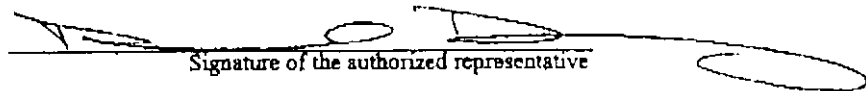
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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MICHIGAN SECRETARY OF STATE
FLORIDA

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

DAVID DENNEY
Typed or printed name of signee

Filing Fee: \$25.00

Jan. 22. 2019 11:20AM

GRAY ROBINSON

No. 0572 P. 4
H19000024601 3
David Whitley
Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

SFL Axis 4, LLC
803166938

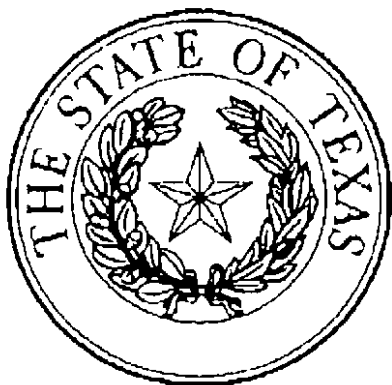
[formerly: SFL Chiro 4, LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.


Dated: 01/17/2019

Effective: 01/17/2019




A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State

<p>Form 424</p> <p>Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/483-5709</p> <p>Filing Fee: See instructions</p>	 <p>Certificate of Amendment</p>	<p>Filed in the Office of the Secretary of State of Texas Filing #: 803166938 01/17/2019 Document #: 861990990006 Image Generated Electronically for Web Filing</p>
Entity Information		
The filing entity is a: Domestic Limited Liability Company (LLC)		
The name of the filing entity is: SFL Chiro 4, LLC		
The file number issued to the filing entity by the secretary of state is: 803166938		
Amendment to Name		
The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:		
The name of the filing entity is: SFL Axis 4, LLC		
A letter of consent, if applicable, is attached. Consent to Use Name - SFL AXIS 4, LLC EXECUTED.PDF		
Statement of Approval		
The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.		
Effectiveness of Filing		
<input checked="" type="checkbox"/> A. This document becomes effective when the document is filed by the secretary of state.		
<input type="checkbox"/> B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:		
Execution		
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.		
Date: January 17, 2019		/Vincent Mai/ Signature of authorized person

FILING OFFICE COPY

<p>Form 509 (Revised 06/15)</p> <p>Submit with relevant filing instrument.</p> <p>Filing Fee: None</p>	 <p>Consent to Use of Similar Name</p>	
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(1) SFL AXIS 1, LLC (803164912); SFL AXIS 2, LLC (803166899); SFL AXIS 3, LLC (803166914)
Name and file number of the entity or individual who holds the existing name on file with the secretary of state

consents to the use of

(2) SFL AXIS 4, LLC
Proposed name

as the name of a filing entity or foreign filing entity in Texas for the purpose of submitting a filing instrument to the secretary of state.

(3) The undersigned certifies to being authorized by the holder of the existing name to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 1/17/19

Vincent Mai
 Signature of Authorized Person

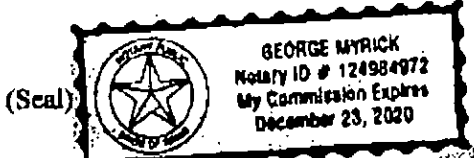
VINCENT MAI
 Name of Authorized Person (type or print)

Manager, CHIRO-X HOLDINGS LLC, its Manager
 Title of Authorized Person, if any (type or print)

State of Texas

County of TRAVIS

This instrument was acknowledged before me on 1/17/19 by Vincent Mai
 (date) (name of authorized person)



George Myrick
 Notary Public's signature