Laa000151251

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100388152871

IVISIO 4 DI CORPORATION TALLAHASSEE, FLORIDA RECEIVED 2022 MAY 25 PM 1: 59

2022 HAY 25 AM 10: 09

of spalaun

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/25/22

NAME: 100 CHIRO CABAN, PLLC

TYPE OF FILING: AMENDMENT

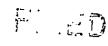
COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 25 AH 10: 09

100 CHIRO CABAN, PLLC

(Name of the Limited Liability Company as it now appears on our records.) ATE
(A Florada Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 29, 2022 and assigned
Florida document number L22000151251

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, 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
AP	BROOKE TYRUS	11622 EL CAMINO REAL STE 100	□ Add
		SAN DIEGO, CA 92130	≣ Remove
			□ Change
			
			□Remove
			Change
			🗀 Add
			Remove
			□Change
			□ Add
			□Change
			Remove
			□ Change
			🗆 🗖 Add
			□Remove
			□Change

		.					-
							-
		<u>-</u>					_
							_
							-
	_				. <u> </u>		=
							-
			- -				-
				 			•
			<u> </u>		*		-
						_ .	-
							_
							_
							_
							-
		<u>-</u>			_		-
ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	be specific and ck does not m	cannot be prioner the appli	r to date of filin cable statutor	g or more than 90 v filing require	optional days after filing ments, this date	2.) Pursuant to 60	5.0207 ted as t
record specifies a delayed effective d is filed.	date, but not	an effective	ime, at 12:01	a.m. on the ca	fier of: (b) T	he 90th day afte	er the
MAY 24	·	2022	·				
		1	_				
		. \ノノ					

Filing Fee: \$25.00