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04 AUG 13 AM 9: 10

Law Offices Thomas J. Crane

5780 Grande Reserve Way, No. 1401 Naples, Florida 34110 (239) 450-5803

TO:

Division of Corporations

FROM:

Thomas J. Crane

DATE:

August 11, 2004

RE:

RIVERCITY CHIROPRACTIC

To Whom It May Concern:

Please file this document properly. If you have any questions please call me at (239) 450-5803. Thank you for your attention to this matter.

Sincerely,

DIVISION OF CHREGRATION

TRANSMITTAL LETTER

SUBJECT:	CLOVERLEAF MEDIC	AL INTERNÁTIONAL, LLC	
	(Name of L	imited Liability Company)	
			O4 A
The enclosed Articles	of Amendment and fee(s) are su	ibinitted for filing.	5 5
Please return all corres	pondence concerning this matte	er to the following:	O4 AUG 13 AN 9: 10 SELECTIONS STATE ALLAHASSEE, FLORID
	Davi	id A. Steve	9: I
	- (Name of Person)	TE O
	26		
		y Chiropractic, LLC (Firm/Company)	
,	•	,	
	8320 Wa	erlin Drive South	
		(Address)	
	Jackson	rville, Florida 32216	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
	David A. Steve	at (904) 504-15	65
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations

TO:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF	TALLAHASSE	04 AUG 13	1 E
CLOVERLEAF MEDICAL INTERNATIONAL, LLC	<u> </u>		
(Present Name) (A Florida Limited Liability Company)	FLORIDA	4 9: 10	J

FIRST: The Articles of Organization were filed on May, 2003 and assigned document number L02000023277

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

That the name of the Limited Liability Company be changed to:

RIVER CITY CHIROPRACTIC, LLC

Dated	July 23	و <u>نه . نه</u> میکند.	2004			
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			XL	11		
		Signature of a me	mber or authorized	i representative of	a member	
	ŧ. V -		Thomas J. Cra	ane		was e
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	an marks are the	ped or printed na	me of signee		<u> </u>

Filing Fee: \$25.00