

L03000039017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

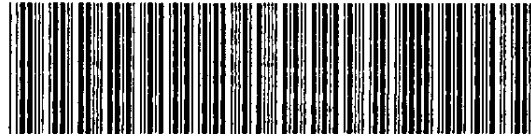
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700198354497

03/21/11--01041--007 **75.00

FILED

11 MAR 21 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mauricio Chiropractic South 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:

Mr. Robert Lee

Name of Person

Diaz, Reus & Targ, LLP

Firm/Company

121 South Orange Ave. suite 1270

Address

Orlando, FL 32801

City/State and Zip Code

RLee@diazreus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Lee

Name of Person

at (407) 550-0368

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 21 AM 10:49

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mauricio Chiropractic South LLC

(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 10/13/2003 and assigned Florida document number L03000039017.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 MAR 21 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Diaz, Reus & Targ, LLP

New Registered Office Address:

121 South Orange Ave. Suite 1270

Enter Florida street address

Orlando

City

, Florida

32801

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 608, 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.

Robert Diaz, Partner

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

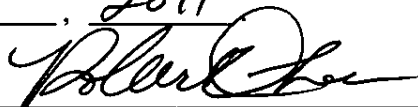
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE J. MAURICIO	4747 S. CONWAY ROAD Suite A Orlando, FL 32812	☐ Add ☒ Remove
MGR	RICHARD S. BIRD	923 LOCUST STREET NEW SMYRNA BEACH, FL 32169	☒ Add ☐ Remove
MGR	DANIEL G. COHEN	1809 LAKE BALDIN LN. Orlando, FL 32814	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 17, 2011



Signature of a member or authorized representative of a member

Robert Lee

Typed or printed name of signee

RECEIVED
FALL HARBOR, FLORIDA
STATE

11 MAR 21 AM 10:49

FILED