L04000056873

(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

800244364228

02/08/13--01003--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB -8 AM 8:46

C. LEWIS
FEB 11 2013
EXAMINER

STANTON CRONIN
LAW GROUP

6944 W. Linebaugh Avenue, Suite 102
Tampa, Florida 33625
Telephone: 813-444-0155
Facsimile: 813-422-7955

Michael Stanton
Tel. 813-444-0157
mstanton@sclawyergroup.com

February 5, 2013

Via United States Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization of Gateway Chiropractic Clinic, LLC
Document Number L04000056873

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Gateway Chiropractic Clinic, LLC along with the accompanying fee of $25.00 for the filing fee. Please return all correspondence concerning this matter to the following:

Michael Stanton, Esq.
Stanton Cronin Law Group, PL
6944 W. Linebaugh Ave., Suite 102
Tampa, Florida 33625
mstanton@sclawyergroup.com

For further information concerning this matter, please call Michael Stanton at 813-444-0157.

Very truly yours,

Michael Stanton

Enclosure

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Gateway Chiropractic Clinic 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:

Michael Stanton, Esq.
Name of Person

Stanton Cronin Law Group, PL
Firm/Company

6944 W. Linebaugh Avenue, Suite 102
Address

Tampa, Florida 33625
City/State and Zip Code

mstanton@sclawyergroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stanton at (813) 444-0155
Name of Person — 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB -8 AM 8:46

Gateway Chiropractic Clinic, 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 07/30/2004 and assigned Florida document number L04000056873.

This amendment is submitted to amend the following:

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

Gateway Wellness and Rehab, LLC

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)

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 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 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.

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 FEB -8 AM 8:46

Dated February 5, 2013.

Signature of a member or authorized representative of a member

Michael Stanton, Attorney for Managing Member R. Malhoit

Typed or printed name of signee

Filing Fee: $25.00