

L040000073616

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

L04 - 73616

(Document Number)

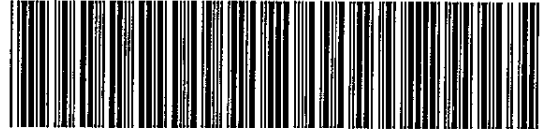
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELAX CHIROCARE, P.L.
(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:

<u>ROBERT S. CUNNINGHAM</u> (Name of Person)	
<u>RELAX CHIROCARE, P.L.</u> (Firm/Company)	
REGISTERED AGENT PHYSICAL: <u>149 ESTATES CIRCLE</u> (Address) <u>LAKE MARY, FL 32746</u> (City/State and Zip Code)	MAILING: <u>P.O. BOX 953694</u> <u>LAKE MARY, FL 32795-3694</u>

For further information concerning this matter, please call:

ROBERT S. CUNNINGHAM at (407) 330-3312
(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

RELAX CHINACARE, PC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/11/2004 and assigned document number LC4000073616.

SECOND: This amendment is submitted to amend the following:

MAILING ADDRESS CHANGED TO:

P.O. BOX 953694

LAKE MARY, FL 32795-3694

REGISTERED AGENT CHANGED TO:

ROBERT S. CUNNINGHAM

149 ESTATES CIRCLE

LAKE MARY, FL 32796

EXCEPT THE DESCRIPTION OF REGISTERED AGENT

Dated SEPTEMBER FIRST, 2005.

[Signature]
Signature of a member or authorized representative of a member

ROBERT S. CUNNINGHAM
Typed or printed name of signee

FILED
05 SEP 19 PM 12:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00