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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHLAKE CHIROPRACTIC, 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:

STEPHEN PREFER
(Name of Person)

NORTHLAKE CHIROPRACTIC, LLC
(Firm/Company)

3309 NORTHLAKE BLVD
(Address)

PALM BEACH GARDENS, FL 33403
(City/State and Zip Code)

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For further information concerning this matter, please call:

Stephen Prefer at (561) 541-3399
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



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\$55.00 Filing Fee &
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\$60.00 Filing Fee,
Certificate of Status &
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(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

NORTHLAKE CHIROPRACTIC, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5/27/05 and assigned
document number LO5000053063

SECOND: This amendment is submitted to amend the following:

CHANGE NAME FROM NORTHLAKE

CHIROPRACTIC, LLC TO

PREFERRED CHIROPRACTIC, LLC

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Dated

6/21, 2007

Signature of a member or authorized representative of a member

STEPHEN PREFER

Typed or printed name of signee