40000000000004

(Reque	estor's Name)					
(Addre	ss)	·				
(Addre	955)					
(, 1881.0	-55,					
	· · · · · · · · · · · · · · · · · · ·					
(City/S	tate/Zip/Phone	? #)				
PICK-UP	WAIT	MAIL				
(Busin	ess Entity Nan	ne)				
	·					
(Docu	ment Number)					
0000	mem ramber,					
- 40						
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to Fil	ing Officer:					
	_					
		1				
		}				

Office Use Only



900197646139

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

THAN 21 ANION 45

B. BOSTICK
MAR 2 3 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Mauvicio Chivopractic East Colonial, UC 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. ROVERT LEE Name of Person
Olaz, Reus & Targ, LLP Firm/Company
121 South Orange Ave. Suite 12703
Orlando, FL 32801 City/State and Zip Code RLee@ diazveus.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RODEY + Lee at (407) 550 - 0368 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{\$\subset\$S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \text{\$\text{\$\subset\$}\$\$\text{\$\text{\$\subset\$0.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{\$\text{\$\text{\$\subset\$}}\$}\\ \text{\$\text{\$\text{\$\text{\$\subset\$}}\$}\\ \$\text{\$\tex

MAILING ADDRESS:

TO:

Registration Section

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**

Mauricio Chiropractic East (olonia) 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 Lial Florida document number	oility Compan	y were filed	on _01 /	04/2	006	and as	signed
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	<u>he limited lia</u>	bility compa	ny here:				
The new name must be distinguishable and end with "L.L.C."	the words "Lin	nited Liability	Company,"	the designati	on "LLC"		abbreviation
Enter new principal offices address, if applicat	ole:						
(Principal office address MUST BE A STREET ADDRESS)					芸芸	1/2	TO AND ASSAULT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				Y OF STATE EE. FLORIDA	MH 10: 4.9	J
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address he	<u>re</u> :			ter the	name (of the new
Name of New Registered Agent:	Diaz,	KRUS	<u> 10 </u>	rg, L	LP		
New Registered Office Address:	121 S	outh		e Ave orida street		ite	1270
	<u>Or1a</u>	<u>ndo</u> City		, Florida		2. & (ip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent	<u>:</u>					

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, thereby 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

Type of Action Title **Name** Address Jose J. Mauricio 1747 S. Conway Road ☐ Add Remove Richard S. Bird **⊠** Add are Baldwin Lane Madd Remove Add Remove **□**Add □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00