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AUG 23 2016 S. YOUNG

COVER LETTER

	tration Secrision of Corp			
CIDIECT.				
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
		idence concerning this matter	_	
		ROBERT MARTINEZ		
			Name of Person	
			Firm/Company	77. r
		3460 MARINER BLVD		16 AUG 22 PH
			Address	HIS HIS
			22 28	
	,	BMARTINEZDC@GMAIL	City/State and Zip Code	16 AUG 22 PH 4: 59
		to be used for future annual report notification)	ب <u>ئ</u> ای	
For further i	nformation co	oncerning this matter, please ca	·	9
ROBERT M	1ARTINEZ		2- 686-1684	
Name of Person			at (352) C 86-1686 Area Code Daytime Telephone Number	
Enclosed is	a check for the	e following amount:		
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
	Registra	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINEZ CHIROPRACTIC, 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 $\frac{03/16/2006}{1}$ and assigned Florida document number L06000028223 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HEALTH & WELLNESS OF CENTRAL FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □Ādd □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change

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Filing Fee: \$25.00