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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA
16 AUG 22 PM 4: 59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARTINEZ 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:

ROBERT MARTINEZ

Name of Person

Firm/Company

3460 MARINER BLVD

Address

SPRING HILL, FL 34609

City/State and Zip Code

BMARTINEZDC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ROBERT MARTINEZ

Name of Person

at (352)

Area Code

686-1686

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

MARTINEZ CHIROPRACTIC, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST

-18-

Signature of a member or authorized representative of a member

ROBERT J. MARTINEZ

Typed or printed name of signee