

L06000055817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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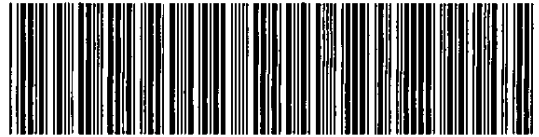
(Business Entity Name)

(Document Number)

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09 AUG 27 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hands On Healthcare 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:

Dr Jan Buchholz
Name of Person
Barr Chiropractic
Firm/Company
2901 W Oakland Park Blvd # A24
Address
Ft Lauderdale FL 33311
City/State and Zip Code
Dr Jan B @ Hotmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dr Jan Buchholz at (954) 731-8097
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**

HANDS ON HEALTHCARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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09 AUG 27 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/31/06 and assigned
Florida document number L06000055817.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2901 W Oakland Park Blvd # A23-24
Ft Lauderdale FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2901 W Oakland Park Blvd # A23-24
Ft Lauderdale FL 33311

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:

Dr Jon Buchholz

New Registered Office Address:

2901 West Oakland Park Blvd # A23-24

Enter Florida street address

Ft Lauderdale

Florida

33311

City

Zip Code

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 608, 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 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:

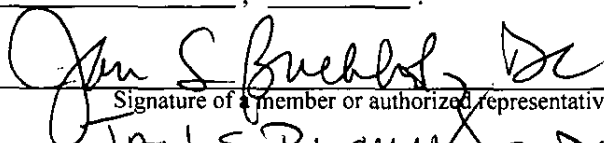
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---|--|
| MGRM | Larry Fishman | 2901 W Oakland Park Blvd #A24 Ft Lauderdale FL 33311 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

JAN S. BUCHHOLZ

Typed or printed name of signee