

L06000061935

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(Address)

(Address)

(City/State/Zip/Phone #)

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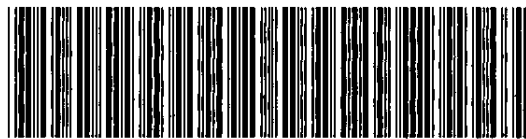
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chiropractic Care and Rehab Center, 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:

**Michelle Giroux Green**

(Name of Person)

**Chiropractic Care and Rehab Center**

(Firm/Company)

**9250 Corkscrew Rd Suite 4**

(Address)

**Estero, FL 33928**

(City/State and Zip Code)

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For further information concerning this matter, please call:

**Michelle Giroux Green**

(Name of Person)

at ( **239** ) **495-1166**

(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**

**Chiropractic Care and Rehab Center, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on June 14, 2006 and assigned document number L06000061935.

**SECOND:** This amendment is submitted to amend the following:

Name change for the managing member Michelle M. Giroux

Due to a recent marriage please make a name change to

Michelle Giroux Green.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Dated December 4, 2007.



Signature of a member or authorized representative of a member

Michelle Giroux Green

Typed or printed name of signee

**Filing Fee: \$25.00**