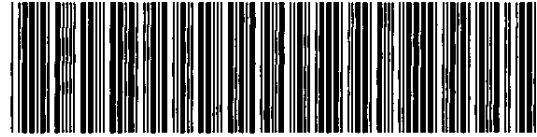


LO6000101278



500120492715

03/18/08--01020--009 **102.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR 10 2008

EXAMINER

~~WES 11/15/07~~

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR -9 AM 9:17

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Baby Boomer Chiropractic, L.L.C.
(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:

Susan M. Jankowski
(Name of Person)

(Firm/Company)

181 Grand Oaks way Apt. 201
(Address)

Naples, FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Jankowski at (239) 784-8895
(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)

already sent

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2008

SUSAN M. JANKOWSKI
181 GRAND OAKS WAY, APT. 201
NAPLES, FL 34110

SUBJECT: BABY BOOMER CHIROPRACTIC, L. L. C.
Ref. Number: L06000101278

We have received your document for BABY BOOMER CHIROPRACTIC, L. L. C. and your check(s) totaling \$102.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 708A00016634

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Baby Boomer Chiropractic, L.L.C.

(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 10-18-06 and assigned Florida document number L06000101278.

This amendment is submitted to amend the following:

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

Carter Chiropractic and Wellness, L.L.C.

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

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 _____

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Baby Boomer Chiropractic, L.L.C.
added as fictitious name on 03-19-08.
See attached letter.

Dated April 1, 2008

Susan M. Jankowski
Signature of a member or authorized representative of a member
Susan M. Jankowski
Typed or printed name of signee

2008 APR -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED