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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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Special Instructions to Filing Officer:				
L. SELLERS				
APR <b>10</b> 2008				
EXAMINER				
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2008 APR -9 AM 9: 17
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

FILED

## **COVER LETTER**

Division of Corporations						
SUBJECT:	Baby Boome	chinopractic, L	.L.C.			
	(Name of Limi	ited Liability Company)	<del></del>			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.				
		-				
Please return all corres	pondence concerning this matter	to the following:				
	Susam	M. Jankowski (Name of Person)				
		(Name of Person)				
		(Firm/Company)				
	181 Gra	nd Odlo Way (Address)	Apt. 201			
		1.—				
	Naples,	FL 34110 (City/State and Zip Code)				
	l	(City/State and Zip Code)				
For further information	n concerning this matter, please ca	all:				
	-					
Jusan	Jankowski	at ( <u>239)</u>	95			
(Nam	e of Person)	(Area Code & Daytime Tel	lephone Number)			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
a	I ready sent		, ,,			
	LING ADDRESS:	STREET/COURIER A	ADDRESS:			
	stration Section sion of Corporations	Registration Section Division of Corporation	S			
P.O.	Box 6327	Clifton Building 2661 Executive Center (				
I alla	hassee, FL 32314	Tallahassee, FL 32301	CHUIC			



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.

Letter Number: 708A00016634

Leslie Sellers Regulatory Specialist II

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baby Boom	er Chiropractic, l	L.L.C.	
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on o lorida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on	18-06 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the Carter Chiropractic	and Wellness, L	L. C.	
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Company," tr	ne designation "LLC" or the abbreviation	
registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:		lorida street address)	
	,		
	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the res company has been notified in writing of this ch	per and complete performance of my ered agent as provided for in Chapter gistered office address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is firm that the limited liability	
onipany has seen horytea in mining of this en	-	Z008 J	
	(If Changing Registered Agent, Sig	nature of New Registered Agent)	
		TARY ASSE	
		The Barrier Market	

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>	Address	Type of Action
			Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
-	Baby Boomer Chi	rapractic, L.L.C. itious name on 03- Her	
_	added as firt	titious name on 03-	19-08.
_	See attached le	Her.	
_			
Dated	April 1 , 20	08	2008 APR
		Tan Worrder  or authorized representative of a member	SSE 4
	Susan M. Typed	Jan Kows Ki or printed name of signee	T) 3C
	.,,,	Page 2 of 2	9: 17 STATE LORIDA
	Fi	lling Fee: \$25.00	