

L0600007062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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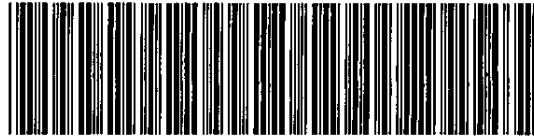
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Genuine Care 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:

Victoria J Kiely

(Name of Person)

AAA Business & Tax Services LLC

(Firm/Company)

P O Box 50364

(Address)

Jacksonville Beach, FL 32240-0364

(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Kiely

(Name of Person)

at ( 904 ) 247-8328

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Genuine Care Chiropractic, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 11/03/2006 and assigned  
document number L06000107062.

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

Please add the following Director/Managing Member:

Beethoven T. Ruedas, MD

4231 Snowdon Lane

Jacksonville, FL 32225

**FILED**  
2007 JUN -7 P 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated June 5, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Richie Cabigting

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**