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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 16 2010

EXAMINER

## 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:

Dr. Richie Cabigting

Name of Person

Chiro-Med Plus

Firm/Company

4000 St. Johns Ave. Ste 35

Address

Jacksonville, FL 32205

City/State and Zip Code

dr.richie04@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Richie Cabigting at (904) 444-1206  
Name of Person Area Code & Daytime Telephone Number

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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**

Genuine Care Chiropractic LLC

(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 November 3, 2006 and assigned Florida document number L06000107062.

This amendment is submitted to amend the following:

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

Chiro-Med Plus LLC

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)**

4000 St. Johns Avenue  
Suite 35  
Jacksonville, FL 32205

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4000 St. Johns Avenue  
Suite 35  
Jacksonville, FL 32205

**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:

4000 St. Johns Ave Ste 35  
*Enter Florida street address*  
Jacksonville, Florida 32205  
*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.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated March 11<sup>th</sup>, 2010.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Dr. Richie Cabigting  
 Typed or printed name of signee

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 10 MAR 15 PM 12:22  
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 TALLAHASSEE, FLORIDA