

LOT 000006610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

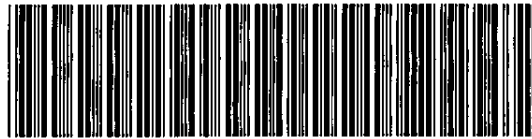
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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LOT-6610  
AL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2007

BETSY OLIVEIRA  
2565 N. HIATUS RD.  
COOPER CITY, FL 33026

SUBJECT: CHIROPRACTIC CENTER OF SOUTH FLORIDA LLC  
Ref. Number: L07000006610

We have received your document for CHIROPRACTIC CENTER OF SOUTH FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 707A00014455

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chiropractic Center of South Florida 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:

Betsy Oliveira  
(Name of Person)

Chiropractic Center of South Florida LLC  
(Firm/Company)

2565 N. Hiatus Road  
(Address)

Cooper City, FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

Betsy Oliveira at 954, 895-1249  
(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)

**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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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Chiropractic Center of South Florida LLC.  
(Present Name)  
(A Florida Limited Liability Company)

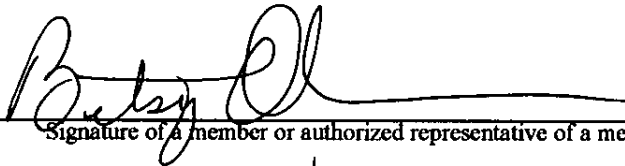
FIRST: The Articles of Organization were filed on 1/18/2007 and assigned document number L07000006610.

SECOND: This amendment is submitted to amend the following:

- Please delete Delys ROSAS  
From Manage/Member Detail  
NOT Part of LLC.

- PLEASE ADD Betsy Oliveira  
2041 NW 178<sup>th</sup> Terr  
Pembroke Pines, FL 33029  
AS Manager/Member TO This LLC

Dated March 6, 2007.

  
Signature of a member or authorized representative of a member

Betsy Oliveira  
(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00