L07000067280

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SECRETARY OF STATE
ALL AHASSEE, FLORIDA



COVER LETTER

TO:

	Registration S Division of Co			
SUBJEC"	r. CHIEF	LAND CHIROPR	ACTIC CENTER, LLC	
(Name of Limited Liability Company)				
The enclos	sed Articles o	f Amendment and fee(s) are su	ubmitted for filing.	
Please retu	urn all corresp	ondence concerning this matte	er to the following:	
		KAYLN GAY		
		· · · · · · · · · · · · · · · · · · ·	(Name of Person)	
		CHIEFLAND CHI	IROPRACTIC CENTER	R, LLC
			(Firm/Company)	
		PO BOX 1095		
			(Address)	
		CHIEFLAND, FL	32644	
			(City/State and:Zip Code)	 -
For further	r information	concerning this matter; please	call:	
KEITH RICHESON		at (352 ₎ 665-3937	at (352) 665-3937	
	(Name	e of Person)		e Telephone Number)
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	▼\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
•	£	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:
Registration Section			Registration Section	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building	

2661 Executive Center Circle: Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHIEFLAND CHIROPRACTIC CENTER, LLC

(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document number L0700067280 JUNE 27 2007 and assigned		
SECOND:	This amendment is submitted to amend the following:		
	F. KEITH RICHESON AS A MANAGING MEMBER		
	PO BOX 1095		
	CHIEFLAND, FL 32644		
Dated OC	TOBER 12 , 2007 .		
	Worth Kushen Kalia Wha		
	Signature of a member or authorized representative of a member		
	F. KEITH RICHESON KALYN GAY		
	Typed or printed name of signee		

Filing Fee: \$25.00