

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ottaviani Chiropractic Center, 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:

Anthony C. Picchiello, MD
Name of Person

Ottaviani Chiropractic Center, LLC
Firm/Company

1515 Herbert St. Suite 209
Address

Port Orange, FL 32129
City/State and Zip Code

aochiropractic@ychood.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Ottaviani at 386 366-9119
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

Ottaviani Chiropractic Center, LLC

2011 AUG 19 PM 12:20

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/28/2007 and assigned
Florida document number L07000067977

This amendment is submitted to amend the following:

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

Same name

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)

Same mailing address
and principal office
address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Anthony C. Picchiello, MD

New Registered Office Address:

1515 Herbert St. Suite 209

Enter Florida street address

Port Orange, Florida 32129
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
 MGMM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew J. Ottaviani	1515 Herbert Street Suite 209 Port Orange, FL 32129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anthony C. Picchiello	1515 Herbert Street Suite 209 Port Orange, FL 32129	<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.)

NA

Dated August 11, 2011.


 Signature of a member or authorized representative of a member
 Anthony C. Picchiello MD
 Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED