# 107000105732

(Re	questor's Name)	<del></del>			
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	isiness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900309184049

02/20/18--01029--014 \*\*25.00



HAR O 1 20:10 J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Chirocare Solutions 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:
Ryan Troutman - Briggs D.C. Name of Person
Chirocare Solutions LLC Firm/Company
1550 Gth St. S.E. Address
Division of Corporations  SUBJECT: Chirocare Solutions 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:  Ryan Troutman - Briggs D.C. Name of Person  Chirocare Solutions LLC Firm/Company  1550 6th St. S.E. Address  Winter Haven, FL 33880  City/State and Zip Code  Tyan briggs dc @ gmail.com  E-mail abdress: (to be used for future annual report notification)  For further information concerning this matter, please call:  Ryan Troutman - Briggs DC  Name of Person  at (863) 293 - 8836  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$25.00 Filing Fee  Certificate of Status  Certificat Copy (additional copy is enclosed)
For further information concerning this matter, please call:
Ryan Trout man - Briggs DC at (863) 293-8836  Name of Person at (863) Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status &

# 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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2018

RYAN TROUTMAN-BRIGGS DC 1550 6TH ST SE WINTER HAVEN, FL 33880

SUBJECT: CHIROCARE SOLUTIONS, LLC

Ref. Number: L07000105732



We have received your document for CHIROCARE SOLUTIONS, 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):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00003600

RECEIVED
MAR 0 1 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chiroca	re Solut	tions	LLC				
(Name of the Limited (A	Liability Company Florida Limited Lia	as it nov bility Co	w appears on o mpany)	ur records.)		_	
The Articles of Organization for this Limited Liabi Florida document numberL 0700010573	• • •	ere file	d on 10/	18/2007	and	l assig	med
This amendment is submitted to amend the following							
A. If amending name, enter the new name of th	e limited liabili	ty com	pany here:				
The new name must be distinguishable and contain the word	s "Limited Liability	/ Compar	y," the designa	tion "LLC" or	the abbreviatio	n "L.L.	C."
Enter new principal offices address, if applicable	e:				THE LEE	<u>~</u>	
(Principal office address MUST BE A STREET A	ADDRESS)				<i> </i>	===	
						### ### ### ### ### ### ### ### ### ##	* }
							A marine
Enter new mailing address, if applicable:					-	70	
(Mailing address MAY BE A POST OFFICE BOX)							ma and design
						ယ	K-1,-
B. If amending the registered agent and/or registered agent and/or the new registered office		ce add	ress on our	records, e	nter the na	me o	f the new
Name of New Registered Agent:	Ryan 7	Trout	man - B	riggs D	.C.		
New Registered Office Address:	1550 6	6+4	St SE Enter Florida str	eet address			
<u>-</u>	Viatur	- Ha	m	, Florid	la 3388 Zip C	30 ode	

## 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan Troutman - Briggs D.C.	1559 6th St SE	Add Add
		Winter Haven, Fl, 33480	☐ Remove
			☐ Change
MGR	Rick M. Smith	421 Whitman Rd Winter Haven FL 33884	Add
	Ne	waddress: 2401 Cypress Gard Blvd. Winter Haven, F	Remove
			Change
MBR	Karen L. Smith	421 Whitman Rd Winter Haven, FL 33884	Add
	Ne	waddress: 2401 Cypress Gardons & Winter Haven, Fl 338	KY Remove
			Change
MGR	Tricia Briggs	1550 64 STSE	Add
		Winter Have, FL, 33880	Remove
			☐ Change
			Add The
			□ Remove***
			□ Change
			Add
			□ Remove
			Change

, ]î amending any	other information, en	ter change(s) here: (Attach	additional sheets, if nece	ssary.)	
<u> </u>					
If an effective date is Note: If the date		ific and cannot be prior to date of files not meet the applicable statuto		filing.) Pursuant to 605	
	ifies a delayed effect after the record is f	ive date, but not an effectiled.	ctive time, at 12:01 a	.m. on the earlie	er of:
F	- Epinary 16	_			
Dated 216	718				
				* · · · · · · · · · · · · · · · · · · ·	
	Signatur	e of a member or authorized repres	entative of a member		e=- ;
	Ryan	Troutman - Bris	195 D.C.	HAR-	States British
		Typed or printed name of s	gilee		
		Page 3 of 3		PH 4	F. S.

Filing Fee: \$25.00