

L57000125357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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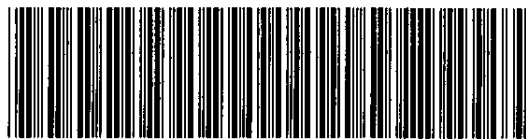
(Business Entity Name)

(Document Number)

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Sam
12/30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suzanne M. Aubrey, 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:

Caron Speas, Esquire
(Name of Person)

Caron Speas, P.A.
(Firm/Company)

613 St. Johns Avenue, Suite 203
(Address)

Palatka, FL 32177
(City/State and Zip Code)

For further information concerning this matter, please call:

Caron E. Speas, Esquire at (386) 329-9081
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporation
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
SECRETARY
DIVISION
07 DEC 26 PM 3:34

Suzanne M. Aubrey, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on December 18, 2007, and assigned document number L07000125357.

SECOND: This amendment is submitted to amend the following:

ARTICLE I

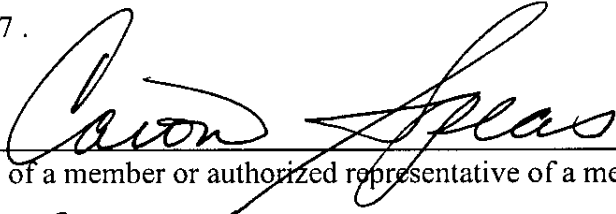
Name

The name of the Limited Liability Company is: Dr. Suzanne M. Aubrey, PLC

ARTICLE III

The purpose for which this Professional Limited Liability Company is organized is to
provide chiropractic care and treatment.

Dated December 20, 2007 .


Signature of a member or authorized representative of a member

CARON SPEAS

Typed or printed name of signee

Filing Fee: \$25.00