## L08000006270

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Anclote Chiropractic, LLC					
(Name of Limited Liability Company)					
	mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:				
	Megan F. McAteer, Esq.  (Name of Person)				
The Hogan Law Firm  (Firm/Company)					
	20 South Broad Street (Address)				
Brooksville, Florida 34601					
(City/State and Zip Code)  For further information concerning this matter, please call:					
Gloria McCullars (Name of	Person) at ( 352 ) 799-8423  (Area Code & Daytime Telephone Number)				
Enclosed is a check for the	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)  \$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 OF

ARTICLES OF ORGANIZATION Anchlote Chiropractic, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17, 2008 and assigned Florida document number L0800006270 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Anclote Chiropractic, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: New Registered Office Address: (Enter Florida street address)

## 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.

(City)

ging Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION  08 FEB -4 PM 4: 09
Dated <mark>Janu</mark>	MAMC	· · · · · · · · · · · · · · · · · · ·	v
	V	or authorized representative of a member	
	Megan F. McAteer, Esq.	r printed name of signee	<del></del>

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Filing Fee: \$25.00