

L08000046500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600211086046

08/22/11--01013--019 **25.00

FILED
11 AUG 22 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 23 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENA SARA CHIROPRACTIC CENTER, PLLC
(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:

SERENA SARA
(Name of Person)

SERENA SARA CHIROPRACTIC CENTER, PLLC
(Firm/Company)

13301 SW 83RD AVENUE
(Address)

MIAMI, FLORIDA 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

SERENA SARA at (305) 6693942
(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

FILED
11 AUG 22 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SERENA SARA CHIROPRACTIC CENTER, PLLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on MAY 8, 2008 and assigned document number LD 80000465100

SECOND: This amendment is submitted to amend the following:

CORRECTION OF SOLE MANAGING MEMBER,
SERENA SARA'S TITLE TO MEMBER

FILED
11 AUG 22 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

+ Dated 8/18/2011

Nat Sara
Signature of a member or authorized representative of a member

NAT SARA
Typed or printed name of signee

Filing Fee: \$25.00