

L08000058552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

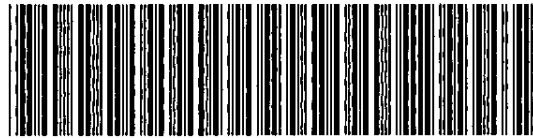
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Active Chiropractic Wellness Center, P.L.  
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:

Dr. Christopher B. Renne

Name of Person

Active Chiropractic Wellness Center, P.L.

Firm/Company

4111 Atlantic Blvd.

Address

Jacksonville, FL 32207

City/State and Zip Code

jaxchiro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Christopher B. Renne

Name of Person

at ( 904 )

398-4860

Area Code & Daytime Telephone Number

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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**

Active Chiropractic Wellness Center, P.L.

(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 06-13-2008 and assigned  
Florida document number L08000058552.

This amendment is submitted to amend the following:

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

Active Chiropractic Wellness Center, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET 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:

Dr. Christopher B. Renne

New Registered Office Address:

4111 Atlantic Blvd.

*Enter Florida street address*

Jacksonville

Florida

32207

*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.

*Dr. Christopher B. Renne* 3/20/2012  
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

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             |                | <input type="checkbox"/> Remove |
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|              |             |                | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

*x* Dr. Christopher B. Renne 3/20/2012

Signature of a member or authorized representative of a member

Dr. Christopher B. Renne

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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STATE