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DIVISION OF CORPORATIONS

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J. HARRIS



WESTGATE CENTER  
3665 BONITA BEACH ROAD, SUITE 1-3  
BONITA SPRINGS, FLORIDA 34134  
PHONE: (239) 992-3355  
FAX: (239) 992-1669  
INFO@ALLURETAX.COM

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

January 31, 2017

**Articles of Amendment to Articles of Organization of Lindsay Thomas D.C., LLC**

To Whom It May Concern,

Please find enclosed the Articles of Amendment to Articles of Organization of Lindsay Thomas D.C., LLC

We would also like to inform that the Lindsay Thomas D.C., LLC has a **registered DBA** and we are filing this form in order to change the name and the address of this LLC.

Sincerely,

Yanet Bertran  
for Marena Loeffler, CPA  
Allure Accounting, Inc.

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lindsay Thomas D.C., 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:

Yanet Bertran  
Name of Person  
Allure Accounting, Inc.  
Firm/Company  
3665 Bonita Beach Road, Suite 1-3  
Address  
Bonita Springs, Florida 34134  
City/State and Zip Code  
ybertran@alluretax.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marena Loeffler 239 992-3355  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Lindsay Thomas D.C., 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 01/22/2009 and assigned  
Florida document number L09000006891.

This amendment is submitted to amend the following:

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

Family Health by Design LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2960 Immokalee Road Suite 2  
Naples, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2960 Immokalee Road Suite 2  
Naples, FL 34110

**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

City

, Florida

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 9 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

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