# L090000430-23

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### **COVER LETTER**

TO:	Registration Section Division of Corpo		•	
		COREHEALTH	OF CLEARWATER LLC	
SUBJI	ECT:	Name of Limi	ited Liability Company	<u> </u>
The en	iclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
			JENNIE L. YATES	
			Name of Person	<del></del>
		JEN	NIE L. YATES, D.C., PLLC	
			Firm/Company	<del></del>
			9080 Kimberly Blvd #6	
			Address	
			Boca Raton, FL 33434	
			City/State and Zip Code	
			jlyflorida@gmail.com	<del> </del>
			to be used for future annual report notifica	iion)
For fur	rther information con	cerning this matter, please ca	all:	
	JENNIE L.	YATES	727 729-2145	
	Name of P	erson	at () Area Code — Daytime To	elephone Number
( )	sed is a check for the 15.00 Filing Fee	following amount:   \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303



September 23, 2024

JENNIE L. YATES 9080 KIMBERLY BLVD STE 6 BOCA RATON, FL 33434 US

SUBJECT: COREHEALTH OF CLEARWATER, LLC

Ref. Number: L09000043023

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

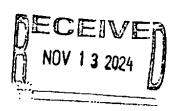
When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 624A00021309



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2024 OCT 28 PH 4: 22

COREHEALTH OF CLEARWATER, 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		and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here  JENNIE L. YATES, D.C., PLLC	<u>e</u> :	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here  JENNIE L. YATES, D.C., PLLC	<u>e</u> :	
A. If amending name, <u>enter the new name of the limited liability company here</u> JENNIE L. YATES, D.C., PLLC	<u>e</u> :	
JENNIE L. YATES, D.C., PLLC	<u>e</u> :	
<del></del>		
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<del></del> ,
Enter new mailing address, if applicable:		
<del></del>		
3. If amending the registered agent and/or registered office address on our rec	cords, enter the na	me of the new registe
gent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:  Enter Florid	la street address	
City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
hereby accept the appointment as registered agent and agree to act in this co		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
	·		□Add
			Remove
			Change
			Remove
		and the second s	
			□ Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change

	•	
	Re: Ch	621 Business purpose is the services. Name change of 16ccatron change From the to South Flortda
	Chiroprac	he services. Name change
	due to	Scatra Charge From
	Cleasurat	te to South Flortda
<del></del>	( (2000)	
	<del></del>	
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		9/05/2024
Note: If the	ate, if other than the date of date is listed, the date must be spec- date inserted in this block doe effective date on the Departme	of filing:(optional) citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( es not meet the applicable statutory filing requirements, this date will not be listed as t
the record spec cord is filed.	cifies a delayed effective date.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 5	2024
_	Signatu	ire of a member or authorized representative of a member
		JENNIE L. YATES, D.C.
_		Typed or printed name of signer

Filing Fee: \$25.00