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M. THOMAS

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EXAMINER

COVER LETTER

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TO: Registration Section
Division of Corporations

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: Natasha M. Smith	SUBJECT: LOTU	S CHIROPRACTIC ;	3 WELLNESS CEN	TER	
Natasha M. Smith Name of Person	50B3EC1:				
Natasha M. Smith Name of Person Lotus Chiropractic & Wellness Center, LLC Firm/Company 17033 South Dixie Highway Suite G/I Address Palmetto Bay, FL 33157 City/State and Zip Code merika13@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Natasha M. Smith Name of Person Area Code & Daytime Telephone Number Senclosed is a check for the following amount: \$\frac{186}{256.000}\$ S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Name of Person Lotus Chiropractic & Wellness Center, LLC Firm/Company 17033 South Dixie Highway Suite G/I Address Palmetto Bay, FL 33157 City/State and Zip Code merika13@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Natasha M. Smith Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$	Please return all correspondence	ondence concerning this matter	to the following:		
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Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	Enclosed is a check for t	he following amount:			
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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

	Lotus Chiropractic & V	<u>Vellness Ce</u>	nter, LLC	····
(<u>Name</u>	of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ears on our record)	<u>ls.</u>)
The Articles of Organization for	this Limited Liability Company	were filed on	August 31, 2	2009 and assigned
Florida document number	L09000044753			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited liab	ility company h	ere:	
The new name must be distinguisha "L.L.C."	able and end with the words "Limi	ited Liability Com	pany," the designa	tion "LLC" or the abbreviation
Enter new principal officés ado	lress, if applicable:			2009 TAL
(Principal office address MUST	BE A STREET ADDRESS)			SE T
Enter new mailing address, if a	• •	AND		Z AND PASSEE, FLOO
(Mailing address MAY BE A PC	<u>OST OFFICE BOX)</u>			RIDA .
B. If amending the registere registered agent and/or the new			our records, <u>e</u>	nter the name of the new
Name of New Registere	ed Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office	Address:	<u> </u>	Enter Florida stre	et address
			, Floric	
		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.

If ame ding 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>	Name	Address	Type of Action
MGRM	Juliet A. Smith	17033 South Dixie Highway Suite G/I	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·····		Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	FILEL 2009 SEP 21 AM SECRETARY OF STALLAMASSEE. F
			AM 10: 17 YOF STATE EE. FLORIDA
Dated	September 17	, <u>2009</u> .	
	Signature of	a member or authorized representative of a member	
		Natasha M. Smith	
		Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00