

L09000075169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

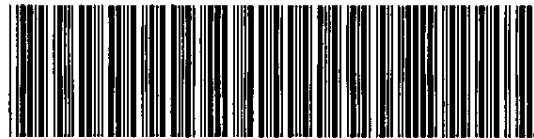
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FILED
14 JUN 23 PM 4:45
TALLAHASSEE, FLORIDA

FILED JUN 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Life Chiropractic, 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:

Raymond G. Tolmos

Name of Person

Frontier Spine and Health Care

Firm/Company

10661 SW 88 St. Suite 116

Address

Miami, FL 33176

City/State and Zip Code

Dr. RTolmos@gmail.com

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

For further information concerning this matter, please call:

Raymond Tolmos

Name of Person

at (305)

Area Code

494-8698

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pure Life Chiropractic 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 08/05/2009 and assigned Florida document number LO9000075169.

This amendment is submitted to amend the following:

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

Frontier Spine and Health Care, LLC

The new name must be distinguishable and end with 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)

10661 SW 88 St. Suite 116
Miami, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10661 SW 88 St. Suite 116
Miami, FL 33176

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

14 JUN 63
☐ Add
☐ Remove
 PH 1:15

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: July 1st, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 19th, 2014.



Signature of a member or authorized representative of a member

Raymond Tolmos

Typed or printed name of signee

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FLORIDA