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D. BRUCE

FEB. 8 2010

EXAMINER

COVER LETTER

	gistration Serision of Co	
SUBJECT:	(Olimpic Chiropractic LLC Name of Limited Liability Company
		Name of Limited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are submitted for filing.
Please return	all correspo	ondence concerning this matter to the following:
		Name of Person
		Name of Person
		Firm/Company
		FORT LAMPEX DATE FL 33308
		Address 2 2 2
		TOR LAMPEXDALE FL 33508
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For further in	nformation o	concerning this matter, please call:
Yu	RI L	E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) FROM STATE OF THE STATE O
	Name o	Area Code & Daytime Telephone Number
Enclosed is a	a check for t	he following amount:
∑ \$25.00 F	iling Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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**

OLIMPIC CHIPOPRI	ACTIC LLC
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 0900079327</u> .	filed on 08.18.2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and end with the words "Limited Lin"L.L.C."	ability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	F Ge
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 10 FEB -5 PH 12:05 ECRETARY OF STAFE LLAHASSEE, FLORID,
B. If amending the registered agent and/or registered office a 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 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 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 **Title** <u>Name</u> Address **Type of Action** 3140 NE 40 COURT FIRTLAY OCEPATE FL 32308 Add Remove 🔀 Add ☐ Remove ☐ Add ☐ Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ 02.03 2010 Signature of a member or authorized representative of a member YURI LYUBARSKY
Typed or printed name of signee

Page 2 of 2

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