L09000098938

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	stration Scion of Co	ection rporations				
SUBJECT: _			& Chiropractic Center LL ted Liability Company	-C		
		Amendment and fee(s) are subondence concerning this matter	_			
			Derek Sunderland			
			Name of Person		_	
			Firm/Company		_	
922 Croton Rd				2010 SEC TALL		
			Address		2010 JAN 29 SECRETARY TALLAHASSET	
Celebration FL 34747 City/State and Zip Code				29 RYO SEE,		
		dere	ek@midfloridachiro.com		PH 3: 29 OF STATE FLORIDA	
For further inf	ormation o	E-mail address: (concerning this matter, please of	to be used for future annual report notificated:	ation)	29 11DA	
		ek Sunderland	at (08 1440		
	Name o	of Person	Area Code & Daytime	relephone Numb	er	
Enclosed is a	check for t	he following amount:				
\$25.00 Fili	ing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations		ration Section	STREET/COURIE Registration Section Division of Corporat			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mid Florida Medical& Chiropractic Center LLC

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL09000098938	Company were filed on _	November 12 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company l	<u>here</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	2
Enter new mailing address, if applicable:		FLORID	9 []
(Mailing address MAY BE A POST OFFICE BOX)		7.50	49
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		n our records, <u>enter th</u>	e name of the new
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** MGR Derek Sunderland 922 Croton Rd ✓ Add Celebration FL 34747 ☐ Remove Yvonne Sunderland Mgr 922 Croton Rd ✓ Add Celebration FL 34747 Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 26 2020 Dated_ Signature of a member or authorized representative of a member Derek Sunderland Typed or printed name of signee

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Filing Fee: \$25.00