L09000098938

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J. SAULSBERRY EXAMINER NOV 08 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MID FLORIDA MEDICAL & CHIROPRACTIC CENTER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

ς.

Please return all correspondence concerning this matter to the following:

	Derek Sunderland				
		Name of Person			
	Mid Florida Medical & Chiropractic Center				
	Firm/Company 100 Park Place Blvd, Suite 201				
Address					
Kissimmee, FL 34741 City/State and Zip Code				2011 NOV -7 SECRETARY	
				ENERGY OF THE PROPERTY OF THE	
	tion)	-7			
For further information	concerning this matter, please c	all:		AH 8: 17 OF STATE E.FLORID	
Nama	of Person	at () Area Code & Daytime T		D	
ivaine	or reison	Area Code & Daytime	elephone 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 Certificate of Certified Co (additional of	of Status &	d)

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

Mid Florida Medical 8	Chiropractic	Center	·	
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appea</u> Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	10/13/2009	and assigned	
Florida document numberL09000098938				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	201	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "I	JEAN thombereviation	
Enter new principal offices address, if applicable:			Mo _ m	
(Principal office address MUST BE A STREET ADDRESS)		 -	TO S	
			17 17 17 17 17 17 17 17 17 17 17 17 17 1	
Enter new mailing address, if applicable:	100 Park Pla	ce Blvd, Suite 201		
(Mailing address MAY BE A POST OFFICE BOX)	Kissimmee			
	FL 34741	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		our records, <u>enter t</u>	he name of the new	
	En	ter Florida street add	ress	
		, Florida		
	Citv		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 = N	Managing Member		
Title .	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	2011 NOV -7 AH 8: 17 SECRETARY OF STATE
Dated	Samuel of a mamba	•	
	DEREK S	r or authorized representative of a member いっとことにみんり or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00