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DIVISION OF CORPORATION

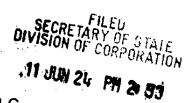
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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	cr. E	BAY CHIROPRACTI	IC & SPINE SERVICES LLC				
OC DUIZ	C1.		nited Liability Company				
The end	losed Articles o	f Amendment and fee(s) are su	abmitted for filing.				
Please r	eturn all corresp	condence concerning this matte	er to the following:				
		JACKIE ROJAS-QUINONES					
	Name of Person						
ACCOUNTING & BEYOND LLC							
			Firm/Company				
	3906 N ARMENIA AVE						
	Address						
			TAMPA, FL 33607				
	City/State and Zip Code						
			NGANDBEYOND@GMAIL.COM (to be used for future annual report notification)				
For furt	ner information	concerning this matter, please	• •				
	JACKIE !	ROJAS-QUINONES	at (813) 998-9800				
	Name	of Person	Area Code & Daytime Telephone Number				
Enclose	d is a check for t	the following amount:					
<b>₹25</b> ,	00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60,00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)			
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, 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



BAY CHIROPRACTIC &	SPINE SERV	VICES LLC	- 93	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appear	rs on our records.)	······································	
(1.1.55.500 22000000		1		
The Articles of Organization for this Limited Liability Company	were filed on	11/18/2009	and assigned	
Florida document numberL09000110821				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim	ited Liability Compa	any," the designation "I	LC" or the abbreviation	
"LLC."				
Enter new principal offices address, if applicable: 7028 W WATERS A				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 221			
	TAMPA, FL	33634		
Enter new mailing address, if applicable:	7028 W WAT	ERS AVE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 221			
	TAMPA, FL 33634			
B. If amending the registered agent and/or registered of	ffice address on o	our records, enter t	he name of the new	
registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:				
How resident of the senting.	ress			
	, Florida			
	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Title Name. MGR PAIROL, REINALDO 829 W. MARTIN LUTHER KING BLVD □ Add √ Remove SUITE 110 **TAMPA, FL 33603** LI, ROBERTO MGRM 7028 W WATERS AVE ✓ Add **SUITE 221** Remove **TAMPA FL 33634** Add 🗌 ☐ Remove ∏Add Remove ∏Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

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Filing Fee: \$25.00