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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

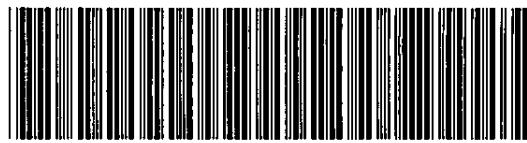
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 14 2013

T. (V. M. P.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNSON CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL MEDICINE, 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:

HEATHER JOHNSON
Name of Person
SOON TO BE
JOHNSON ACUPUNCTURE AND ORIENTAL MEDICINE LLC
Firm/Company
MAILING
POBox 486 PHYSICAL:
22295 US Hwy 331 N
Address LUREL HILL, FL 32567
DAXTON, FL 32538
City/State and Zip Code
the doc @ dr heathers herbs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER JOHNSON at (850) 603 9410 (cell)
Name of Person Area Code & 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

JOHNSON CHIROPRACTIC ACUPUNCTURE AND ORIENTAL MEDICINE 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 12/30/2009 and assigned Florida document number LO9000183490.

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This amendment is submitted to amend the following:

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

JOHNSON CHIROPRACTIC ACUPUNCTURE AND ORIENTAL MEDICINE 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)

22395 US Hwy 331 N

Laurel Hill FL 32567

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21 Walton St

Laurel Hill FL 32567

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:

HEATHER JOHNSON

New Registered Office Address:

21 Walton St

Enter Florida street address

Laurel Hill

City

, Florida

32567

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.

Heather Johnson

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

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

Dated OCTOBER 6, 2013.

Heather Johnson

Signature of a member or authorized representative of a member

HEATHER JOHNSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA