

L100000012479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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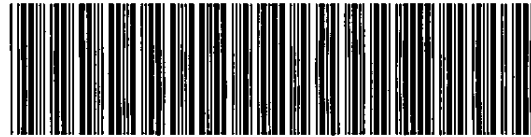
(Business Entity Name)

(Document Number)

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02/19/14--01014--012 **60.00

FILED
MAR 19 2014
CLERK OF COURT

B. BOSTICK

FEB 20 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAN&CO 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:

Dr. John A. Nelson
Name of Person
JAN&CO LLC
Firm/Company
737 Whitehall St.
Address
Daytona Beach FL 32114
City/State and Zip Code
Pasezthlnd@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Nelson at 386 341-0329
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**

JAN & CO 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 1/31/2010 and assigned Florida document number L10000012479.

This amendment is submitted to amend the following:

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

Nelson Chiropractic and Wellness Center 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)

737 Whitehall St
Daytona Beach FL
32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

737 Whitehall St
Daytona Beach FL
32114

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

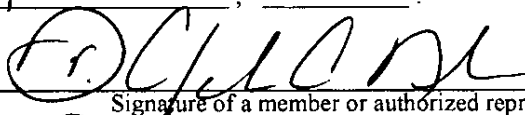
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 2/12/14



Signature of a member or authorized representative of a member

Dr. John A. Nelson

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2014 FEB 19 A.D. 14
FEB 19 2014