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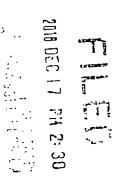
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Basiless Ellity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|---------------|------------------------------------|--|---|---|
| SUBJE | COTTO | opractic & Wellness Center, LI | LC . | |
| SODJE | CI: | Name of Limi | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Martin Warren | | |
| | | | Name of Person | |
| | | 4707 W. Gandy Blvd., suit | Firm/Company | |
| | | 4707 W. Galldy Bivd., Sale | | |
| | | Tampa, FL 33611 | Address | |
| | | drmartinwarren@gmail.com | City/State and Zip Code | 20 |
| | | E-mail address: (1 | to be used for future annual report notification | 20 00 |
| For furtl | her information c | oncerning this matter, please co | dl: | DEC 17 |
| Martin | Warren | | 813 374-0116 at () | 7 |
| - | Name o | f Person | Area Code Daytime Telep | hone Number 79 30 |
| Enclose | d is a check for th | ne following amount: | | 7. |
| ■ \$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

Ocean Chiropractic & Wellness Center, 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 ^{08/16/2010} _____ and assigned Florida document number L10000085881 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ocean Chiropractic & Laser Center, LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR'= Manager AMBR = Authorized Member **Title** Name | <u>Address</u> Type of Action □ Add ☐ Remove _□ Change □ Add □ Remove _ Change _□ Add ☐ Remove ☐ Řemove ☐ Change _□ Add □ Remove __ Change . _□ Add ☐ Remove

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| fective date, if other than the date of filing: | (optional) |
| | prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 opticable statutory filing requirements, this date will not be listed. |
| cument's effective date on the Department of State's reco | |
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| | t not an effective time, at 12:01 a.m. on the earlier |
| The 90th day after the record is filed. | |
| , December 14 2018 | |
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Page 3 of 3

Typed or printed name of signee