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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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OR OR OTHER



Christopher LaRocca, DC 5465 Commercial Way Spring Hill, FL 34606 / 43 W. Fort Dade Ave Brooksville, FL

Phone: 352-835-7985 Fax: 352-835-7987 / Phone:

352-593-5937 Fax: 352-593-5939

Website: www.laroccachiro.com

## **COVER LETTER**

то:	Registration Sec Division of Corp			
CUDIE		Chiropractic LLC		
SUBJE	CI:	Name of Limit	ed Liability Company	<del></del>
		Amendment and fee(s) are submodence concerning this matter to	-	
		Christopher LaRocca	l	
			Name of Person	
		LaRocca Chiropraction	LLC	
			Firm/Company	
		10513 Blythville Rd		
			Address	
		Spring Hill fl 34608		
		larocca_chris@hotma		
For furt	her information co	E-mail address: (to necerning this matter, please cal	be used for future annual report n  1:	otification)
	topher LaRoc		352 428-834	45
	Name of	Person		ime Telephone Number
Enclose	ed is a check for the	e following amount:/		
\$25	.00 Filing Fee	\$30.00 Fiting 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)
	<b>~</b>			

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

LaRocca Chiropractic LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000125835  This amendment is submitted to amend the following:		ned
A. If amending name, enter the new name of the limited liab	nility company here:	
73. If amending name, <u>cuter the new name of the minted hab</u>	mity company nere.	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if applicable:	5465 Commercial Way	
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FI 34606	
	-	
Enter new mailing address, if applicable:	5465 Commercial Way	
(Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, FI 34606	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of	the new
Name of New Registered Agent:	SECTION ALLE	
New Registered Office Address:	DEC RETA	
	Enter Florida street address	Circula Janen er
	City Florida City Code	-
New Registered Agent's Signature, if changing Registered Agent:		dos.
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume	and ent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
		<del>.</del>	☐ Remove
			☐ Add
		·	□ Remove
			SECRETOR DECEMBER 1
			BCRETARY OF STATE ULAHASSEE, FLORIDA
			□ Remove
			☐ Remove
			·

ffective he effecti he date th	the date, if other than the date of filing:  (optional)  (ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
ated	· · · · · · · · · · · · · · · · · · ·
	Signature of a marsher or outhorized appropriation of a marsher
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE