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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Core Chiropractic & Spinal Rehab Center, 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:

Heldi Taylor

Name of Person

Pathfinder Business Strategies, LLC

Firm/Company

10305 102nd Terr

Address

Sebastian, FL 32958

City/State and Zip Code

dana_raya@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana L. Brigola

Name of Person

at (386)

756-1540

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Core Chiropractic & Spinal Rehab 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 December 20, 2010 and assigned Florida document number L10000129601.

This amendment is submitted to amend the following:

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

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:

4626 S. Clyde Morris Blvd. Ste 1

(Principal office address MUST BE A STREET ADDRESS)

Port Orange, FL 32129

Enter new mailing address, if applicable:

4626 S. Clyde Morris Blvd. Ste 1

(Mailing address MAY BE A POST OFFICE BOX)

Port Orange, FL 32129

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

City

Florida

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

11 JAN 10 P 5:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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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

Title	Name	Address	Type of Action
MGRM	Gregory O. Brigola	4826 S. Clyde Morris Blvd, Ste 1 Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dana Brigola	1071 Horizon View Blvd Port Orange, FL 32129	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dana L. Brigola	4826 S. Clyde Morris Blvd, Ste 1 Port Orange, FL 32129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please list Gregory O. Brigola first

Dated _____

Dana L. Brigola

Signature of a member or authorized representative of a member

Dana L. Brigola

Typed or printed name of signer

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 TALLAHASSEE, FLORIDA