

D. PRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East-West Chiropractic and Rehabilitation of Hudson 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:

Mayur Reshamwala

Name of Person

East-West Chiropractic and Rehabilitation of Hudson LLC

Firm/Company

13315 US HWY 19 N.

Address

Hudson, Florida 34667

City/State and Zip Code

Mat @ Matthew Potter CPA . com

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

For further information concerning this matter, please call:

Mayur Reshamwala

Name of Person

at (727) 600-8024

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

FILED
2013 OCT -7 PM 3:10
TALLAHASSEE FLORIDA

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

EAST-WEST CHIROPRACTIC AND REHABILITATION OF HUDSON 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 02/17/2011 and assigned
Florida document number L11000020694.

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:

(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:

Mayur Reshamwala

New Registered Office Address:

13315 US HWY 19 N.

Enter Florida street address

HUDSON

, Florida 34667

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 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

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

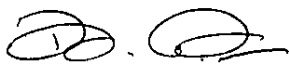
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Reshamwala, Mayur, D.R.	5825 Little River Dr.	☐ Add
		Tampa, FL 33615	☒ Remove
MGRM	Reshamwala, Mayur, D.R.	13315 US HWY 19 N.	☒ Add
		Hudson, FL 34667	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

Dated October 1st, 2013.



Signature of a member or authorized representative of a member

Mayur M. Reshamwala

Typed or printed name of signee

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Filing Fee: \$25.00

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2013 OCT - 7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA