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COVER LETTER

TO: Registration S Division of Co			
	RIVER CHIROPRACTIC PLL	С	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RYAN D. HESS		
	<u></u>	Name of Person	
	INDIAN RIVER CHIROP	RACTIC PLLC	
	<u> </u>	Firm/Company	
	1880 37th STREET		
		Address	
	VERO BEACH, FL 32960		
		City/State and Zip Code	
	DRRYANHESS@GMAIL.	COM (to be used for future annual report notification)	
For further information	concerning this matter, please c		
RYAN D. HESS		772 978-7001	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	atus &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIAN RIVER CHIROPRACTI	C, PLLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited L	Liability Company	were filed on MA	AY 26, 2011	_ and assigned
Plorida document number L11000062294	·			
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name of	of the limited liab	oility company here	:	
N/A				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		~
Principal office address MUST BE A STRE	ET ADDRESS)			120
				i≕ 1020 DEC
				10
Enter new mailing address, if applicable:		N/A	. 	¬ ∏
(Mailing address MAY BE A POST OFFICE BOX)			:\	<u>_</u>
2			,	- CJ
3. If amending the registered agent and/or	registered office	address on our rec	ords, enter the name (of the new regis
gent and/or the new registered office addre			, <u></u>	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	Enter Florida street address			
	N/A		, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARDELL SCIENSKI	2002 GREY FALCON CIR SW 1	= Add
		VERO BEACH, FL 32962	□ Remove
			☐ Change
-			
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
		<u> </u>	□Remove
			□Change
		-	□Add
			□Remove
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N/A	
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ctive	date, if other than the date of filing: (optional)
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	s effective date on the Department of State's records.
ord s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
,	. It
ر' ای اه	December 1 2020
<u></u>	
	-/ susse
	Signature of a member or authorized representative of a member

Typed or printed name of signee