L11000063520

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000190199 3)))

H11000190199 3ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2011 JUL 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900
Fax Number : (407)298-0660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 JUL 26 AM 6:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA FAMILY CHIROPRACTIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

C. LEWIS
JUL 27 2011
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FILED
2011 JUL 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF LA FAMILY CHIROPRACTIC, LLC

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on **MAY 31, 2011** and assigned Florida document number **L11000063520**.

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)*

5625 S. ORANGE BLOSSOM TRAIL, SUITE E
ORLANDO, FL 32839

Enter new mailing address, if applicable: *(Mailing address MAY BE A POST OFFICE BOX)*

5625 S. ORANGE BLOSSOM TRAIL, SUITE E
ORLANDO, FL 32839

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:

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

CHALITE ROLNOR, MGR (REMOVE)
5300 POINTE VISTA CIRCLE APT 208
ORLANDO FL 32839

RAFAEL E. URENA, MGRM (ADD)
915 BORDUEX ROAD
ORLANDO, FL 32808

Signature of a member or authorized representative of a member

CHALITE ROLNOR — 07/26/2011

Typed or printed name of signee — DATE

FILED
2011 JUL 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA