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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS  
CENTER

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 23 AM 8:02

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T. HAMPTON

SEP 23 2011

EXAMINER

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H11000233022 3

CENTRAL FLORIDA CHIROPRACTIC REHAB & WELLNESS CENTER, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/28/2011

Florida document number L11000086930

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:

6273 OLD WINTER GARDEN ROAD

(Principal office address **MUST BE A STREET ADDRESS**)

ORLANDO, FLORIDA 32836

Enter new mailing address, if applicable:

6273 OLD WINTER GARDEN ROAD

(Mailing address **MAY BE A POST OFFICE BOX**)

ORLANDO, FLORIDA 32836

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:

6273 OLD WINTER GARDEN ROAD

(Enter Florida street address)

ORLANDO

(City)

Florida 32835

(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:

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MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CENTRAL FLORIDA HEALTH MANAGEMENT, LLC	6273 OLD WINTER GARDEN ROAD ORLANDO, FLORIDA 32835	<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
			<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.)

MANAGER/MEMBER DETAIL:

THE ADDRESS OF MGRM, RODNEY E FOUNTAIN IS HEREBY CHANGED TO

6273 OLD WINTER GARDEN ROAD, ORLANDO, FLORIDA 32835

Dated SEPTEMBER 23, 2011

Signature of a member or authorized representative of a member

RODNEY E FOUNTAIN, D.C.

Typed or printed name of signee

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