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2011 SEP 29 RA 9: 56
SEGRETARY OF STATE

T. CLINE

SEP 30 2011

EXAMINER



September 19, 2011

BRIAN WINKLER 1830 RADIUS DR #420 HOLLYWOOD, FL 33020

SUBJECT: SANDALWOOD CHIROPRACTIC LLC

Ref. Number: L11000088495

We have received your document for SANDALWOOD CHIROPRACTIC LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

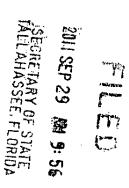
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 911A00021581



COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE							
		Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please r	eturn all correspo	ndence concerning this matte	r to the following:				
		Brian Winkler, D.C.					
Name of Person							
		Beach Boulevard Chiropractic					
Firm/Company							
		1830 Radius Dr.#420					
Address							
		Hollywood, FL 33020					
			City/State and Zip Code				
		E-mail address: (Fladc12@gmail.com to be used for future annual repo	ort notification)			
For furt	her information co	oncerning this matter, please of	call:				
	Brian	Winkler, D.C.	at (954)	801 4465			
	Name of			Daytime Telephone Numbe	r		
Enclose	d is a check for th	e following amount:					
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &		
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Build	Corporations ding tive Center Circle	7011 SEP 29 AL 9: 56 SEGRETARY OF STATE TALLAHASSEE, FLORIDA		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDALWOO	DD CHIROPRACTIC	CLLC		
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability C	Company were filed on	08/02/2011	and assigned	
Florida document number L11000088495	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
	ARD CHIROPRACTIC			
The new name must be distinguishable and end with the wo 'L.L.C."	rds "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:			23	
(Principal office address MUST BE A STREET ADDI	RESS)			
			SEP 2	
			SS 4 50	
Enter new mailing address, if applicable:			TO TO	
(Mailing address MAY BE A POST OFFICE BOX)			LOS G	
			OF STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Cir	, Florida	Zip Code	
	City		zip Coae	

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
<u></u>	······································		AddRemove
			Add Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necess	THE SEP 29 M 9: 56 SECRETARY OF STATE FALL AN ASSEE, FLORIDA
Dated		-	
	Signature of a m	lember or authorized representative of a member	
	-	Brian Winkler, D.C. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00