# #1/20000000796

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K.SALY EXAMINER MAR 29 2012

# **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	The Pos	ture Docs, LLC			
		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		llyne H Kobrin, MGR			
		Name of Person			
The Posture Docs, LLC					
		Firm/Company	<del></del>		
3010 W. Stovall Street, Unit G					
	_				
Tampa, FL 33629					
	City/State and Zip Code				
	ilyr E-mail address: (i	nekobrin@comcast.net to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
Ilyne Kobrin Name of Person		at ( 239 )	269-9038 Telephone Number		
Name	or rerson	Area Code & Daytim	e i elepnone Number		
Enclosed is a check for	the following amount:				
<b>▼</b> \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED' 12 MAR 27 PM 2: 24

The Pos	ture Docs, LLC		THARY OF STATE	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appea mited Liability Company)	rs on our records.)	HASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Cor	npany were filed on	01/03/2102	and assigned	
Florida document number L1200000796				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3010 W. Sto	vall Street, Unit G		
(Principal office address MUST BE A STREET ADDRE	ss) Tampa, FL 3	Tampa, FL 33629		
ta changaryar a oppy 1 A magaryar anaga aga Barah an anagarayar a anaga bankar a	2010 W. Sto.	vall Stroot   Init C		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3010 W. Stovall Street, Unit G Tampa, FL 33629		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on		the name of the new	
·				
Name of New Registered Agent:				
New Registered Office Address: 3010 W	/. Stovall Street, Un	it G		
	En	ter Florida stræt add	lress	
	Tampa	, Florida	33629	
	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 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 **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Remove ☐ Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) only change is to address for LLC and MGR. Both are now 3010 W. Stovall Street, Unit G, Tampa, FL 33629 03/19 2012 Dated Signature of a member or authorized representative of a member llyne H Kobrin, MGR Typed or printed name of signee

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Filing Fee: \$25.00