

L120000026334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

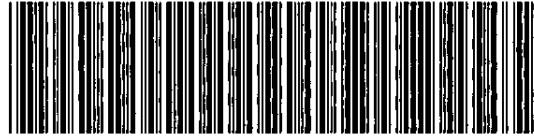
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midtown Chiropractic LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Francisco M Colon-Vassallo
Name of Person

Midtown Chiropractic LLC
Firm/Company

New 3208 Lantana Rd.
Address

Lantana FL 33462
City/State and Zip Code

colon.francisco@gmail.com
E-mail address: (to be used for future annual report notification)

old 1550 Brickell Ave
Apt 203A
Miami FL 33129

For further information concerning this matter, please call:

Dr. Francisco Colon at (941) 735-8833
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

Midtown Chiropractic LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/23/12 ^{effective date 4/1/12} and assigned Florida document number L 12000026334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Midtown Chiropractic PLLC

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)

3208 Lantana Rd.

Lantana FL 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same ↑

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:

3208 Lantana Rd Lantana FL 33462

Enter Florida street address

Lantana FL

City

Florida

33462

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

MGR = Manager
MGRM = Managing Member

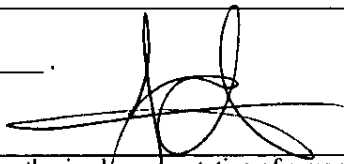
SEED BUREAU OF STATE
TALL MOUNTAIN FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Purpose of LLC is Chiropractic office

Dated

12/14/12



Signature of a member or authorized representative of a member

Dr Francisco M Colon Vassallo

Typed or printed name of signee

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Filing Fee: \$25.00