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S. WARREN NOV 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Popwell & Stalnaker Chiroprochic Center, 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:

Zack Stalnaker, MGRM Name of Person Popuell & Stalnaker Chiropractice Center, LLC 3546 St. Johns Bluff Road South Suite 204 Jackson ville, FL 32224 CityState and Zin Code dr. Zack. Stalnaker @ gmail. con E-mail address: tto be used for future annual report notification)

For further information concerning this matter, please call:

Zack Stalnaker at (904) 996-2243 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

KS25.00 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on or Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>112000034694</u> .	were filed on <u>Mac</u>	ch [2, 2012] and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
Revive chiropaetic & We The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S <i>t</i>	ME
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	2175 Th. Jacksonv	Woods Dr. E 114, FL 32246
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		. Florida
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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. . . .

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 605, 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.

	MON 11	
If Changing Registered Agent, Signature of	of New Registered Adout	<u></u> _
Page 1 of 3	PH 2: 05	E C

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
legisted agent	Stephen A Hauld	920 Third St.	🗆 Add
		Suite D Nepton Beach, FL 32260	🙀 Remove
		Nepton Beach, FL 3226	Change
		<u></u>	Add
			Remove
			Change
			D Add
			C Remove
			Change
			🖸 Add
			Remove
			Change
			🗆 Add
			□ Remove
	<u> </u>		
		·	Change Change

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

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E. Effective date, if other than the date of filing: <u>November 6, 2017</u> (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 8 2017	
25AD.C.	
Signature of a member or authorized representative of a member Zack Stalnaker	7 NOV I
Typed or printed name of signee	3 PH
Page 3 of 3	2:05 31.418 1 0000
Filing Fee: \$25.00	Star Q