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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEAP OF FAITH CHIRO AND REHAB 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:

STEVENS ELOI

Name of Person

LEAP OF FAITH CHIRO AND REHAB CENTER LLC

Firm/Company

409 W. HALLANDALE BCH BLVD

Address

HALLANDALE FL 33009

City/State and Zip Code

LEAPOFFAITHCHIRO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVENS ELOI

Name of Person

at (941)

5678575

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEAP OF FAITH CHIRO AND REHABILITATION CENTER 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 08/15/2012 and assigned
Florida document number L12000104913.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: STEVENS ELOI

New Registered Office Address: 409 W. HALLANDALE BCH BLVD # 200

Enter Florida street address

HALLANDALE

City

, Florida 33009

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.

Stevens Eloi
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVENS ELOI	409 W. HALLANDALE BCH BLVD # 20 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MORREALE, MICHAEL J	MORREALE, MICHAEL J. 409 W. HALLANDALE BCH BLVD HALLANDALE FL 33009	<input type="checkbox"/> Add <input checked="" 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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

Dated SEPT 5TH, 2012

Stevens Eloi
Signature of a member or authorized representative of a member

Typed or printed name of signee