

**L13** Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEVINE & PARTNERS, P.A.  
Account Number : 074677001117  
Phone : (305) 372-1350  
Fax Number : (305) 372-1352

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ZENERGY CHIROPRACTIC LLC

Certificate of Status	0
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16 OCT 19 AM 8:26  
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OCT 20 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zenergy 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 04/12/2013 and assigned Florida document number L13000054745

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 3305 Rice Street Miami, FL 33133 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3305 Rice Street Miami, FL 33133 (Mailing address MAY BE A POST OFFICE BOX)

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: Geoffrey Rudy New Registered Office Address: 601 NW 22nd Court Wilton Manors, Florida 33311

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 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.

Signature of New Registered Agent

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Geoffrey Rudy	601 NW 22nd Court	<input checked="" type="checkbox"/> Add
		Wilton Manors, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel Johns	3221 Sabal Palm Manor	<input type="checkbox"/> Add
		Apt. 208	<input checked="" type="checkbox"/> Remove
		Hollywood, FL 33024	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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