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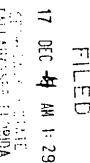
(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Sec Division of Corp			
and the same of th	niropractic & Nutrition, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
·	Randy L. John, D.C.	·	
	<u> </u>	Name of Person	
	St. Johns Chiropractic & N	lutrition, LLC	
		Firm/Company	
	35 Knight Boxx Rd, Ste 3		
		Address	 _
	Orange Park, FL 3206	<i>t</i>	
		City/State and Zip Code	
	rljohndc@gmail.com	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	,	cationy
Randy L. John, D.C.		904 303-9473	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ S25.00 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

ST. JOHNS CHIROPRACTIC & NUTRITIO	N, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on JUNE 19, 2013	and assigned
Florida document number L13000088546	<u>_</u> .	
This amendment is submitted to amend the following:		<i>,</i>
A. If amending name, enter the new name of the limit	ted liability company here:	
CLAY CARE CHIROPRACTIC, LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THE HALL TO
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 .	Flor	
	Cuy	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
		<u></u>	□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
. 			
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			7-11-32
ective date, if other than the date	of filing:	(optio	(福) (和) (和) (和) (2)
effective date is listed, the date must be space. If the date inserted in this block dument's effective date on the Department.	oes not meet the applicable state	filing or more than 90 days after t utory filing requirements, this	illing.) Pursuant t ò h 05.0 date will not be listed
record specifies a delayed effo he 90th day after the record i		fective time, at 12:01 a	.m. on the earlie
November 28			
Romby Ch	ature of a member or authorized rep		
Signs	ature of a member or authorized rep	resentative of a member	

Page 3 of 3

Filing Fee: \$25.00