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COVER LETTER

Chiropractic Clinics Of Central Florida, 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: Josue Maysonet	Div	ision of Corpo	orations			
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: Josue Maysonet	SHRIFCT:	Chiroprac	tic Clinics Of Central Flo	orida, LLC		
Please return all correspondence concerning this matter to the following: Josue Maysonet	SOBJECT.		Name of Limite	ed Liability Company		-
Please return all correspondence concerning this matter to the following: Josue Maysonet						
Josue Maysonet Name of Person Chiropractic Clinics Of Central Florida, LLC Firm/Company 274 Satinwood Circle Address Kissimmee , FL 34743 City/State and Zip Code doctorjosue @live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josue Maysonet Name of Person at (407 / Area Code) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy	The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.		
Chiropractic Clinics Of Central Florida, LLC Firm/Company 274 Satinwood Circle Address Kissimmee , FL 34743 City/State and Zip Code doctorjosue @live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josue Maysonet Name of Person 407 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Please return	all correspond	dence concerning this matter to	the following:		
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Address Kissimmee , FL 34743 City/State and Zip Code doctorjosue@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josue Maysonet Name of Person at (407 334-9988 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \$25.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} City/State and Zip Code doctorjosue@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \$\Begin{array} \text{334-9988} \\ \text{Area Code} \text{Daytime Telephone Number} \end{array} \$\text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}			Chiropractic Clinics O	f Central Florida, L	.LC	
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MAILING ADDRESS:

TO:

Registration Section

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

Chiropractic Clinics Of Central Florida,LL		
(<u>Name</u> of the <u>Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000117997</u>	were filed on 08/21/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1958 E. Osceola Parkway	TAI TAI
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34743	CR C TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	Tice address on our records on	TARY OF STATE
registered agent and/or the new registered office address here		ter the hame of the ne
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Florida	1
	City	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Wendy Maysonet	274 Satinwood Circle	■ Add
		Kissimmee, FL 34743	□ Remove
MGMR	Efraim Rosario	14300 Islamorada Dr.	
		Orlando, FL 32837	■ Remove
AMBR	Josue Maysonet	274 Satinwood Circle	
		Kissimmee, FL 34743	COUNTECTION).
			Remove I OCT 2 AHAS
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			□ Add
			Remove

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