## L13000117997

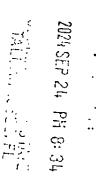
(Requestor's Name)
(Address)
(1.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Continued Consider Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





300436977513

09/24/24--01020--025 \*\*25.00



1

## **COVER LETTER**

TO:

Registration Section

Division of	Corporations		
CHIRO SUBJECT:	PRACTIC CLINICS OF CENTR	AL FLORIDA LLC	e .
SCOURCE:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	hardened 6 610.	
Please return all corre	espondence concerning this matte	r to the following:	
	JOSUE MAYSONET		
		Name of Person	
	CHROPRACTIC CLINE	CS OF CENTRAL FLORIDA LL	.C
	-	Firm/Company	
	1958 E OSCEOLA PARK	WAY	
		Address	<del></del>
	KISSIMMEE, FLORIDA	34743	
		City/State and Zip Code	
	doctorjusue@live.com	to be used for future annual report no	
For further informatio	n concerning this matter, please o	•	offication)
JOSUE MAYSONET		407 334-9988	
· · · · · · · · · · · · · · · · · · ·	e of Person	/	me Telephone Number
; vani	Correson	Area Code - Daytu	me Telephone Number
inclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration	1 Section	Street Address: Registration Se	ection .
P.O. Box 6	Corporations 327	Division of Co The Centre of	
Tallahassee	. FL 32314		pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIROPRACTIC CLINICS OF CENTRAL FLORIDA LLC

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on inhibity Company)	our recards BEP 24	Pii 8: 31.
The Articles of Organization for this Limited Liability Company of Elorida document number <u>L13000117997</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the name o</u>	the new registered
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Florida st	wat address	<del></del>
	ънсе сченаст		
	City	, Florida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSUE MAYSONET	4384 SUMMER BREEZE WAY	
		KISSIMMEE, FLORIDA 34744	□Remove
			■ Change
MGR	WENDY MAYSONET	4384 SUMMER BREEZE WAY	□Add
		KISSIMMEE. FLORIDA 34744	≅Remove
			Change
AMBR	EFRAIM ROSARIO	1958 E OSCEOLA PARKWAY	□Add
		KISSIMMEE, FLORIDA 34743	≡Remove
			Change
			□Add
			Remove
			Change
<u> </u>			□Add
		<del></del>	□Remove
			Change
			□Remove
			□Change

		<u> </u>	
			<u>-</u>
		<del> </del>	
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
	··· · · · · · · · · · · · · · · · · ·	***	
		· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the	late of filing: 9/12/2024	(optional)	
reflective date is listed, the date must <u>te:</u> If the date inserted in this blo	be specific and cannot be prior to date ck does not meet the applicable s	of filing or more than 90 days after filing.) tatutory filing requirements, this date v	Pursuant to 605.0207 vill not be listed as
rument's effective date on the De			
			001.4
cord specifies a delayed effective s filed	date, but not an effective time, a	12:01 a.m. on the earlier of: (b) The	90th day after the
SEPTEMBER 12	2024		
			···
	Signature of a member or authorized	representative or a member	
JOSUE MAYSONET	///		
	Typed or printed nan	e of signee	

Filing Fee: \$25.00