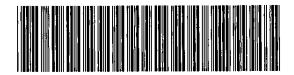
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(Re	questor's Name)	
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SECRETARY OF STATE
TALL THE SSEE FIRSTER

J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corpor	ations	•	•
Spice Spice	UZZO CHI	EOPRACTIC,	LLC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subt	nitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	RYAN	Spicuzzo Name of Person	
		- I tuine of t erson	
	Spicuzz	O CHIROPR	ACTIC, LLC
		1 min Company	
	12781	DRANGE GA	POVE BLVD
		Address	
	ROYAL K	DALM BEAC	H, FL 33411
_ 	WEERFIELD+	EALTH CENTER	a) CMAIC, COM
		o be used for future annual rep	ort notification)
For further information conc	-		
RYAN Sp	10220	at (954)S	570-4080
Name of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fec ]	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed.	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

The Articles of Organization for this Limited Liability Company were filed on L 13000164619 Florida document number \_\_\_ 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address Florida Citv

### 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
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RYAN	l Sp	100220	40%			
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effective date is listed If the date insert ment's effective date ecord specifies e 90th day after	a delayed effer the record	fective date, the is filed.	e applicable statutory fili records. but not an effective	more than 90 daysing requirements time, at 12:	after filing.) I	rill not be liste