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(Re	equestor's Name)	
(Ac	ldress)	
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(Do	ocument Number)	
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2015 DEC 10 P 12: 23
SECRETARY OF STATE:
ALL AHASSEF, FLORIDA

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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Cantor Chiro	practic LLC			
SCDULCT.		Name of Limit	ted Liability Company		
		Name of Limited Liability Company sticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: John P Miller			
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspone	dence concerning this matter to	o the following:		
		John P Miller			
			Name of Person		
		John P Miller CPA PA			
Firm/Company					
		2499 Glades Rd Ste 304			
			Address		
		Boca Raton FL 33431			
			City/State and Zip Code		
		-			
		E-mail address: (to	o be used for future annual r	report notification)	
For further in	nformation cor	ncerning this matter, please ca	11:		
John P Mille	er			3-9777	
	Name of I	Person	Area Code	Daytime Telephone	Number
Enclosed is a	a check for the	following amount:			
\$25.00 F	Filing Fee		Certified Copy	losed) (Certificate of Status & Certified Copy

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

CANTOR CHII	ROPRACTIC, LLC	2016 ALL,	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	ETARY O	
The Articles of Organization for this Limited Liability Company	were filed on 01/07/2014	- E Y	a nd a ssigned
Florida document number L14000002787		F STA	D
This amendment is submitted to amend the following:		P 12: 23 F STATE FLORIDA	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:	401 WEST ATLANTIC A	VE STE 0-12	
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL 33	483	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		_, Florida	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
			Add
			☐ Remove
			Change
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	specifies a delayed en day after the record		t not an effective	time, at 12:0	01 a.m. on th	e earlier o
NOV	EMBER 30TH,	2015	·			
	(h) -	+1			2015	
	Sig	nature of a member or	authorized representativ	e of a member	S DEC	
J	OHN P. MULER, AUTH	ORIZED REPRESE	NTATIVE		TARY IASSE	m
_		Typed or	printed name of signee	 	Man D	Ö
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Filing Fee: \$25.00