

L140000 58913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

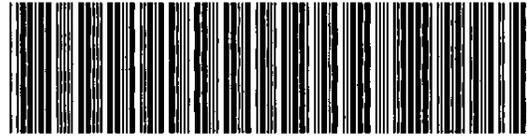
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260094123

05/19/14--01029--006 **25.00

FILED
14 MAY 29 PM 12:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

BARRY KALEIN
1845 KUDZA RD
WEST PALM BEACH, FL 33415

SUBJECT: LAKE WORTH EMERGENCY CHIROPRACTIC CLINIC LLC
Ref. Number: L14000058913

We have received your document for LAKE WORTH EMERGENCY CHIROPRACTIC CLINIC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.
We have received your document for LAKE WORTH EMERGENCY CHIROPRACTIC CLINIC LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Worth Emergency Chiropractic Clinic 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:

Barry Kalin
Name of Person

Firm/Company

1845 Kudza rd
Address

W.P.B. FL 33415
City/State and Zip Code

Barry@LakeWorthEmergencyChiro.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Kalin at (561) 313-0000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

Lake Worth Emergency CHIROPRACTIC CLINIC LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-10-14 and assigned Florida document number L14000058913.

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 end with the words "Limited 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 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: BARRY K9/GIN
New Registered Office Address: 1845 KUDZU RD
Enter Florida street address
WPB, Florida 33415
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cathy Kalfin	1845 Kudza rd	<input checked="" type="checkbox"/> Add
		WPB FL 33415	<input type="checkbox"/> Remove
MGR	Clifford Allison	1845 Kudza rd	<input type="checkbox"/> Add
		WPB FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAY 2 PM 12:15
STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Barry Kalfin

Signature of a member or authorized representative of a member

Barry Kalfin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 MAY 29 PM 12:15

FILED