

L140000 58913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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:

## 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/GW

New Registered Office Address:

1845 KUDZU RD

Enter Florida street address

WPB

City

, Florida

33415

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            |
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|              |                  |                | <input type="checkbox"/> Add               |
|              |                  |                | <input type="checkbox"/> Remove            |

14 MAY 2 PM 12:15  
STATE OF FLORIDA  
TALLAHASSEE  
SIGNED  
ADD  
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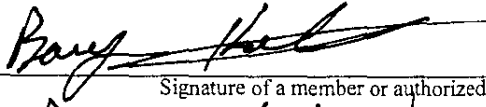
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_



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

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14 MAY 29 PM 12:15  
TALLAHASSEE, FLORIDA