

L1410001000400

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 18 PM 12:08

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JUL 21 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

The Fit Chiro 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:

Dr Jason Ackley, DC
Name of Person

Firm/Company

1560 Central Ave unit 240
Address

St Petersburg, FL 33705
City/State and Zip Code

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

For further information concerning this matter, please call:

Jason Ackley at (818) 641-0960
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

2014 JUL 18 PM 12:08
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Fit Chiro 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 06/23/2014 and assigned Florida document number L1400100400.

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:

New Registered Office Address:

Enter Florida street address

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

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2014 JUL 18 PM 5:08
TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
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AMBR Patricia Gutierrez 1560 Central ave ☐ Add

Unit 240 ☒ Remove

St Petersburg, FL 33705

AMBR Shirley Ackley 773 Arundel Circle ☐ Add

~~Fort Myers, FL 33913~~ ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove

□ Add

Remove

☐ Remove

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CLERK OF DISTRICT COURT
MILWAUKEE COUNTY WISCONSIN

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 July 15, 2014.



Signature of a member or authorized representative of a member

Jason J Ackley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA