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TO:	Registration Sect Division of Corpo			
		orth Florida Spine and Sp	ort LLC	
SUBJI	.CT:	Name of Lir	nited Liability Company	
		Suzanna McCutch	eon	
		North Florida Spine and Sport LLC Name of Limited Liability Company I Amendment and fee(s) are submitted for filing, ondence concerning this matter to the following: Suzanna McCutcheon Name of Person North Florida Spine and Sport LLC Firm/Company 12627 San Jose Blvd, Suite 106 Address Jacksonville, Florida 32223 City/State and Zip Code syazigi84@yahoo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call:		
		North Florida Spin	e and Sport LLC	
			Firm/Company	
	12627 San Jose Blvd, Suite 106			
			Address	
		Jacksonville, Florida	a 32223	
		syazigi84@yahoo.		4.
		E-mail address:	(to be used for future annual report notification)	
For fur	ther information con	cerning this matter, please	eall:	
	Suzanna McC	Cutcheon		
	Name of P	erson		د الله الله الله الله الله الله الله الل
Enclose	ed is a check for the	following amount:		<i>"</i>
□ \$25	5.00 Filing Fee		Certified Copy (additional copy is enclosed) Certified Copy Certified Copy	itus &
	MAILIN	G ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Florida Spine and Sport LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	07/07/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	iere:	
Naturally Chiropractic LLC		
The new name must be distinguishable and contain the words "Limited Lability Company," the	designation "LLC" or the a	ibbreviation "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 or registered agent and/or the new registered office address here:	n our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		
New Registered Office Address: Enter Flo.	orida street address	
	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

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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			□ Remove
			☐ Change
		/	Remove
			Change
			🗖 Add
			Remove
			Change
			Remove
			Change
			Remove
			Change

• 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: Ot/Ot If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate of thing of more than 90 days after thing.) Fittsuant to 505.0207 (5)
If the record specifies a delayed effective date, but not a (b) The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier of:
Dated 12/18/2018.	ed representative of a member
Suzanna McCutcheon	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00