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(Requesto	or's Name)
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3. PRAT. :

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	ge LL(
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eric Pr	Name of Person	
	Progle chiropo	Firm/Company	LLC
	1820 Kigyin	Md. # \ Address	<u></u>
		FL 3230 Y City/State and Zip Code	
	E-mail address: (Pamil. com	cation)
For further information co	oncerning this matter, please ea	nH:	
Name of	Person	at (\$\frac{\color{8}\SO}{\text{Nea Code}}\)	95 \ Telephone Number
Enclosed is a check for th	e 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

Prunie chiopract	ic And Mussear, LL	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	ty Company were filed on $\frac{10}{3}$	and assigned in
Florida document number L\u000\6903		or or
This amendment is submitted to amend the following	5.	2
A. If amending name, enter the new name of the	limited liability company here:	,
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re	egistered office address on our reco	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	City	Florida Zip Code
N N	City	Zip Couc

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>	Address	Type of Action
AMBR	Ainer Pragle	1820 Riggins Rd. Svile	l_□ Add
		1820 Riggins Rd. Svite Isllahasser FL. 32308	Remove
			Change
			□ Add
		····	Remove
			☐ Change
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Effective	date, if other the	an the date o	of filing:	4/2	/19		(optio	nal)		
Note: If t	ve date is listed, the he date inserted in 's effective date o	n this block do	es not mee	t the applic	able statutory					
		Deputition	• · · · · · · · · · · · · · · · · · · ·	o s records.	•					
he record The 90	d specifies a d Oth day after t	elayed effection he record is	ctive dat filed.	e, but no	t an effect	ive time,	at 12:01 a	.m. on th	e earli	ier of:
• 1	10-10									
Dated	1/02/19		· ·	1	·				20	
		Signatu	L. I	nber of author	orized represer	ntative of a mo	-mher	<u> </u>	019 APR -	Tì
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Filing Fee: \$25.00