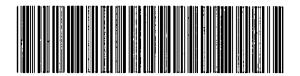
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Tallahassee, FL 32314

TO: Registration Section

## **COVER LETTER**

Divi	ision of Co	rporations				
241048288	Physican N	Aedical Solutions LLC				
SUBJECT:		Name of Lin	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Patrick King				
		Physician Medical Solutio	Name of Person	***************************************		
		· · · · · · · · · · · · · · · · · · ·	Firm-Company			
	428 Del Prado Blvd, North/Suite 108					
		Cape Ceral FL 33909	Address			
		drpatkingpermierwellness@	City/State and Zip Code			
			to be used for future annual report no	tification)		
For further in	formation c	concerning this matter, please co	ill:			
Patrick King			239 258-1184 at( )			
	Nапю о	i Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	he following amount:				
■ \$25,00 Fi	lling 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)		
	Registi Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpe Clifton Building	on trations		

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Physical Medical Solutions LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2014	and assigned	
Florida document number L14000178186		-	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.I.,C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<del>-                                    </del>	
Enter new mailing address, if applicable:		70 10	
(Mailing address MAY BE A POST OFFICE BOX)		***	
The state of the s			
		<u></u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>er</u> g:	7213 773	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Cin , Florida	ı	
	Cin	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

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

Title	Name King Family Chiropractic LLC	Address 428 Del Prado Blyd, North	Type of Action
AMBR			D.Add
		Suite 108	■ Вещоче
		Cape Coral FL 33909	
AMBR	Patrick King	428 Del Prado Blvd. North	Change
		Suite 108	Add
		Cape Coral FL 33843	☐ Remove
		Cupa Condition (1997)	□ Change
			□ Add
			☐ Remove
			☐ Change
		,	_
			Remove 7
			C Change
			1 9 32 1 9 32
			□ Кеточе
			☐ Change
		·	□ Add
			☐ Remove
			Channa .

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing:  (tran effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in the shock three por more than politically.	32 32	, ). (
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the	r;
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b). The 90th day after the record is filed.	rlier of:	
Dated October 2 2019		
Signature of a memoderi anotherized representative of a member		
Patrick King		
sped or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00