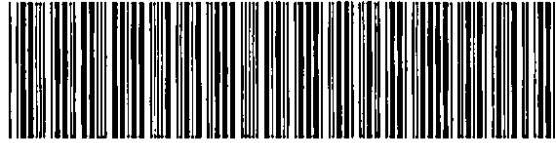


LI4000187097



700322347117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

~~01/02/13--01013--022 \*\*25.00~~

01/02/13--01013--022 \*\*25.00

Special Instructions to Filing Officer:

Spoke to Mrs. Saunders  
on 11/10/19 add suffix  
LLC, title for name should  
co-owner.

19 JUN -2 11:3:07

Office Use Only

O. SIMMONS  
JW

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACTIVE BODY REHAB AND CHIROPRACTIC  
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:

MINEAUX SAUNDERS

Name of Person

Firm/Company

304 SOLARIS WHARF ST

Address

WINTER SPRINGS, FL 32708

City/State and Zip Code

M\_SAUNDERS07@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINEAUX SAUNDERS 850 284-2283  
Name of Person at ( ) 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**

ACTIVE BODY REHAB AND CHIROPRACTIC

(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 12-08-2014 and assigned Florida document number L14000187097.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PROSPINE ORLANDO, LLC

The new name must be distinguishable and contain 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)

6900 SOUTH ORANGE BLOSSOM TRAIL

SUITE 304

ORLANDO, FLORIDA 32809

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*

\_\_\_\_\_. Florida \_\_\_\_\_

*City*

*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>	<u>Type of Action</u>
<del>MR</del> CO-owner	CLEBERTON BASTOS	6900 SOUTH ORANGE BLOSSOM TRAIL	<input checked="" type="checkbox"/> Add
		SUITE 304	<input type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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