

L14000196554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

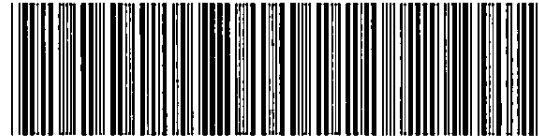
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



300427366003

APR 9 2024 11:59

RECEIVED
CORPORATE SERVICE
DIVISION
TALLAHASSEE, FLORIDA

2024 APR -9 PM 3:42

APR 12 2024
R. HUNT
04/09/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/09/24
Order #: 1472816-1
Re: Positive Chiropractic solutions, pllc
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:
I20000000195

AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **POSITIVE CHIROPRACTIC SOLUTIONS, PLLC**

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:

Amanda W Horne

Name of Person

Amanda Horne PLLC

Firm/Company

558 East Timberlake Drive

Address

Mary Esther, FL 32569

City/State and Zip Code

amwilliams525@gmail.com

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

For further information concerning this matter, please call:

Paul G Prince

561 660-2111
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

POSITIVE CHIROPRACTIC SOLUTIONS, PLLC

(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 12/30/2014 and assigned
Florida document number L14000196554.

This amendment is submitted to amend the following:

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

AMANDA HORNE PLLC

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)

558 East Timberlake Drive

Mary Esther, FL 32569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

558 East Timberlake Drive

Mary Esther, FL 32569

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:

Amanda W Horne

New Registered Office Address:

558 East Timberlake Drive

Enter Florida street address

Mary Esther

Florida 32569

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2001 01 03 09:59

(If an 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 605.0207 (3)(b)

CSC AMEND-11408