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COVER LETTER

	ision of Cor			
SUBJECT:	OptiHealth	Chiropractic PLLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rhett Bogacz DC		
			Name of Person	
		Bee Ridge Chiropractic		
			Firm/Company	
		3400 Bee Ridge Road Suit	e 100	
			Address	
		Sarasota, FL 34239		
			City/State and Zip Code	
		dr.rbogaez@gmail.com E-mail address: ()	to be used for future annual report notific	ation)
For further in	nformation c	oncerning this matter, please ca	all:	
Rhett Bogac	z,		941 210-3637 at ()	
	Name o	f Person	at ()Area Code Daytime '	Felephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	R ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OptiHealth Chiropractic PLLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited I	iability Company	were filed on 12/07/2015		and assigned
Florida document number L15000014001				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
Bee Ridge Chiropractic PLLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	C" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:	3400 Bee Ridge Road		
The Articles of Organization for this Limited Liability Companiforida document number L15000014001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liable Ridge Chiropractic PLLC The new name must be distinguishable and contain the words "Limited Liable 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 registered agent and/or the new registered office address he Name of New Registered Agent: Rhett Bogacz	Suite 100			
-		Sarasota, FL 34239		
Enter new mailing address, if applicable:		3400 Bee Ridge Road		
••		Suite 100		
		Sarasota, FL 34239		
registered agent and/or the new registered of	office address her		- +	name of the
New Registered Office Address:	3400 Bee Ridg	e Road Suite 100		- 1 - 2
New Neglinered Office Address.		Enter Florida street addre	25.5	<u></u>
	Sarasota	F	lorida 34239)
		City	· · · · · · · · · · · · · · · · · · ·	Lip` Gode
New Registered Agent's Signature, if changing	Registered Agent:			(T

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Filing Fee: \$25.00