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### COVER LETTER

Division of Co	rporations	•	
SUBJECT:	FRANCO CHIROPRAC	CTIC & REHAB CENTER LLC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	wii	DELANDE BASTIEN	
		Name of Person	
		Firm/Company	
	417:	5 S CONGRESS AVE STED	
		Address	
	I.A	KE WORTH, FL 33461 US	
		City/State and Zip Code	
		OPRACTIC@GMAIL.COM	•
		to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
WIDELANDE I	BASTIEN	561 412-6443	
Name (	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	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

TO:

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

#### **COVER LETTER**

TO:	Registration Sc Division of Cor		•
elin sr		FRANCO CHIROPRA	CTIC & RAHAB CENTER LLC
SUBJE	CI:	Name of Lar	rited Liability.Company
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please	return all correspo	indence concerning this matter	to the following:
		WIE	DELANDE BASTIEN
			Name of Person
			Firm/Company
		4175 S C	CONGRESS AVE STE-D
		And the state of t	Address
		LAKE W	VORTH, FL 33461
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		E-moil address: (	(to be used for future annual report notification)
For fur	ther information c	oncerning this matter, please c	all
	WIDELA	NDE BASTIEN	at ()  Area Code Daytime Telephone Number
	Name o	f Person	Area Code Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:	Ā: £2
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	Registr Divisio P.O. Bo	ING ADDRESS: arion Section n of Corporations px.6327 issee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building. 2661 Executive Center Circle

Tallahassee, FL 32301

To: Page 4 of 6

#### 2015-06-02 19:43:19 (GMT)

15618286445 From: Eduardo Gutierrez

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCO CHIROPRACTIC & REHAB CENTER LLC (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 \_\_04.- 09 - 2015 and assigned Florida document number L15000062119 This amendment is submitted to amend the following: 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 Geophany," the designation "LLC" or the abbreviation "L.J. C." 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 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 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 faithfur with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documentus, 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 amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR= Manager

AMBR = Anthorized Member

Title	Name	Address	Type of Action
MGRM	DR JOSEPH SMITH	4175 S CONGRESS AVE STE D	Add
		LAKE WORTH FL 33461	□ Remove
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ated JUNE 02	2015	SSE 21
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1 <b>1 1 / Ma</b> /		
[NIW]	Out 10081407 Signature of a member or authorized representative of a men	inber # 100 C

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00