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(Business Entity Name)

(Document Number)

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NOV 24 2015

J SHIVERS

32



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2015

JOSEPH SMITH  
4175 S CONGRESS AVE SUITE D  
LAKE WORTH, FL 33461

SUBJECT: FRANCO CHIROPRACTIC & REHAB CENTER LLC  
Ref. Number: L15000062119

We have received your document for FRANCO CHIROPRACTIC & REHAB CENTER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00023813



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2015

JOSEPH SMITH  
4175 S CONGRESS AVE SUITE D  
LAKE WORTH, FL 33461

SUBJECT: FRANCO CHIROPRACTIC & REHAB CENTER LLC  
Ref. Number: L15000062119

We have received your document for FRANCO CHIROPRACTIC & REHAB CENTER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00023813

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Franco Chiropractic & Rehab Center, LLC.

DOCUMENT NUMBER: L15000062119

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Joseph Smith

\_\_\_\_\_  
Name of Contact Person

Franco Chiropractic & Rehab Center, LLC.

\_\_\_\_\_  
Firm/ Company

4175 S Congress Avenue Suite D

\_\_\_\_\_  
Address

Lake Worth, FL 33461

\_\_\_\_\_  
City/ State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 04/07/2015 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 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15 NOV 23 PM 1:28  
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TALLAHASSEE, FLORIDA

**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:

James J. O'Hearn

New Registered Office Address:

1991 S Kanner Hwy

*Enter Florida street address*

Stuart

, Florida 34994

*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>
MGR	Widelande L. Bastien	4175 S. Congress Ave. Suite D	<input type="checkbox"/> Add
		Lake Worth, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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15 NOV 23 PM 1:22  
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
WASHINGTON, D.C.  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 20, 2015

Typed or printed name of signee