## L15000113356

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, <b>(</b> Bu	isiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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07/17/15--01006 -014 \*\*25.00



TO: Registration Sec Division of Corp	4.**		
SUBJECT:	- CHIROPRACTO	R CENTER L	LE
	Name of Lim	ned Elability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DR. LISA  CHOIC  1st CHI	E. MURRAY,  Name of Person  CLAT  Firm/Company	or uc
	6100 South	L Open68 Ave	- VNIT C-170
	ORLAND	City/State and Zip Code  VRAY DC @ Ya  to be used for future annual report n	
	/ MI	City/State and Zip Code	Lno.com
	E-mail address: (	to be used for future annual report n	otification)
For further information co	ncerning this matter, please ca	all:	
DR. LULLE, MU	RRAY DC	at (316) 675 Area Code Dayt	-8877
Name of	Person	Area Code Days	ime Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

**COVER LETTER** 

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2015 JUL 17 PM 2: 19

	91	SECE	ETAN OF STATE
1st Choice	Chiropractor Jability Complete as it now anne	Coster TALL	AHASSEE, FLORIDA
(Name of the Limited I	Liability Company as it now apper	ars on our records.)	<del></del>
(A)	Florida Limited Liability Company	)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	6/30/15	and assigned
Florida document number	56		
i iorida document fidrioci		•	
This amendment is submitted to amend the following	ng:		
A If amonding name entar the new name of the	o limito d liabilita a como con e		
A. If amending name, enter the new name of the			
The new name must be distinguishable and contain the words	Chiropractic	Center, L	$\mathcal{U}_{\underline{}}$
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESSI		,
	DUKEBB/		<u> </u>
	· <del></del>		<del></del>
_			
Enter new mailing address, if applicable:	<u>,</u>		<del></del> -
Mailing address MAY BE A POST OFFICE BOX	<u></u>		
X.			
	<u></u> _		,
B. If amending the registered agent and/or i	registered office address o	n our records, ent	er the name of the nev
registered agent and/or the new registered office	address here:	· <del></del>	
Name of New Registered Agent:			
New Registered Office Address:	PPi		<u> </u>
	Enter Flo	orida 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, ar	nd address of eac	h person being added
or removed from our records:	,			

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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Typed or printed name of signee /

Filing Fee: \$25.00