## L160000000549

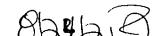
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2021

CHRIS BOYKINS 14505 SCOTTBURGH GLEN DR. WIMAUMA, FL 33598

SUBJECT: JOURNEY CHIROPRACTIC, LLC Ref. Number: L16000000549

We have received your document for JOURNEY CHIROPRACTIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 221A00016522

## COVER-LETTER

TO: Registration Se Division of Cor				
Journey Chi	ropractic LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Chris Boykins			
	<del> </del>	Name of Person		
	Journey Chiropractic LLC			
		Firm/Company	<del> </del>	
	14505 Scottburgh Glen Dr			
		Address		
	Wimauma/FL and 33598			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>	
	cboykins.mc@gmail.com			
	E-mail address: (	to be used for future annual r	report notification)	
For further information c	oncerning this matter, please c	ail:		
Chris Boykins		404 216	5-1138	
Name o	f Person	at () Area Code	Daytime Telephone Number	
, 4	. ,		, ,	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of State	
Mailing Addres Registration S		Street Ad Registra	Idress: ution Section	
Division of C	Corporations	Division	n of Corporations	
P.O. Box 632 Tallahassee, l			ntre of Tallahassee . Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  L16000000549  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	and assigned
A. If amending name, enter the new name of the limited liability company here:	
Journey Concepts LLC	_
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:	<u> </u>
(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, <u>enter the na agent and/or the new registered office address here</u> :	ime of the new registo
	<del>~</del> 2
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Enter Florida street address	<del>.</del> -
, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 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>	Address	Type of Action
			🗆 Add
			□ Remove
			□Change
		🗆 Add	
		□Remove	
			□Change
		🗀 Add	
		□Remove	
		□Change	
		□ Add	
		□Remove	
			□Change
		🗀 Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			Change

_	
<u>L_</u>	
Note: If	e date, if other than the date of filing:
the record stord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member