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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chirocare of the Suncoast, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. JEFFREY D. ANDERSON  
Name of Person

ChmoCare of the Suncoast L.L.C.  
Firm/Company

1250 South TAMiami TRAIL, Suite #404  
Address

SARASOTA, FL 34239  
City/State and Zip Code

DCJA1966 @ Hotmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. JEFFREY D. ANDERSON at ( 813 ) 340-4680  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CHIROCARE OF SUNCOAST, L.L.C.

(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 02/04/2016 and assigned  
Florida document number L16000024292

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CHIROCARE OF THE SUNCOAST, L.L.C.

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)

1250 South TAMiami TRAIL, Suite #404  
SARASOTA, FL 34239

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1250 South TAMiami TRAIL, Suite #404  
SARASOTA, FL 34239

**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:

DR. JEFFREY O. ANDERSON

New Registered Office Address:

1250 South TAMiami TRAIL, Suite #404  
Enter Florida street address

SARASOTA, Florida 34239  
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.*

Dr. Jeffrey O. Anderson  
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          | Sharon D. Anderson      | 1250 South TAMiami TRAIL<br>Suite # 404<br>SARASOTA, FL 34239. | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| TRES         | Thelma DENTON           | 1250 South TAMiami TRAIL<br>Suite # 404<br>SARASOTA, FL 34239  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
| AMBR         | DR. JEFFREY O. ANDERSON | 1250 South TAMiami TRAIL,<br>Suite # 404<br>SARASOTA, FL 34239 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE MAKE SURE THE NAME READS...

"CHIROCARE OF THE SUNCOAST, L.L.C."

Somehow I didn't have ... "THE" in the name  
and the Banking Institution will have to have that  
in the NAME AS IT MATCHES my TAX ID  
NAME OF MY Corporation (L.L.C.).

Thanks  
Dr. Jeffrey O. Anderson

E. Effective date, if other than the date of filing: 3/14/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated

March 14

2017

Dr. Jeffrey O. Anderson

Signature of a member or authorized representative of a member

DR. JEFFREY O. ANDERSON

Typed or printed name of signee