

1/28/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:
Division of Corporations
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Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRATIVE SPORTS MEDICINE AND CHIROPRACTIC, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
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US
1/29/21

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Benjamin Perez

DATE 2021-01-28 13:28:19 PST

RE INTEGRATIVE SPORTS MEDICINE AND CHIROPRACTIC,
LLC - LZ#541519928

COVER MESSAGE

Benjamin Perez

Document Specialist – Business Special Filings

LegalZoom

(323) 962-8600

(800) 773-0888

bperez@legalzoom.com

9900 Spectrum Drive, Austin, TX 78717



12/16/2020 16:04 T-08:00 TO: +13233370743 FROM: 9549905288

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **INTEGRATIVE SPORTS MEDICINE AND CHIROPRACTIC, LLC**
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

geoffrey.rudy@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

At ()

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

12/16/2020 16:04 T-08:00 TO: +13233370743 FROM: 9549905288

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

INTEGRATIVE SPORTS MEDICINE AND CHIROPRACTIC, 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 02/09/2016 and assigned
Florida document number 116000027442.

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 "LLC."

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:

5575 S. Semoran Blvd., Suite 36

Enter Florida street address

Orlando

Florida

32822

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

12/16/2020 16:04 T-08:00 TO: +13233370743 FROM: 9549905288
In attaching 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>
AMBR	Dr. Parker Dominique	3305 Rice Street	☒ Add
		Coconut Grove, FL 33133	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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DAL ALABASSEE, FL

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.

(b) The 90th day after the record is filed.

Dated October 15, 2020.

[Handwritten signature]

Signature of a member or authorized representative of a member

Dr. GEOFFREY RUDY

Typed or printed name of signee