

L16000030193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

MAR 25 2016
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNI TRINITY CHIROPRACTIC CARE 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:

Orientalos Volmar

Name of Person

OMNI TRINITY CHIROPRACTIC CARE LLC

Firm/Company

2500 Hollywood Blvd Ste 206

Address

Hollywood FL 33020

City/State and Zip Code

Soltavo@outlook.com

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

For further information concerning this matter, please call:

Orientalos Volmar

Name of Person

at

561

Area Code

860-5215

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**

OMNI TRINITY CHIROPRACTIC CARE 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 02/12/2016 and assigned
Florida document number L16000030193.

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)

Orientalos Volmar

2500 Hollywood Blvd Ste 206

Hollywood FL 33020

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:

Enter Florida 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, 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	Rosana Dallicn	160 NE 18TH AVE	<input type="checkbox"/> Add
		BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORIENTALOS VOLMAR	931 SE 3RD AVENUE	<input type="checkbox"/> Add
		DELRAY BEACH FL 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

6 MAY 29 PM 10:53
DELRAY BEACH FL 33483
ORIENTALOS VOLMAR

18 MAR 29 AM 10:43
FBI - MIAMI
FBI - MIAMI

18 MAR 25 AM 10:45
FBI - LOS ANGELES

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 MARCH 7TH 2016

Signature

Signature of a member or authorized representative of a member

ORIENTALOS VOLMAR

Typed or printed name of signee