

L16000090455

From: Jeff Lieser

Fax: (813) 251-8715

To:

Fax: (850) 617-8383

Page 1 of 5 10/05/2017 2:00 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000262750 3)))



H170002627503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC  
Account Number : I20150000057  
Phone : (813)280-1256  
Fax Number : (813)251-8715

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

Email Address: Sbrchiropractic@gmail.com

LLC AMND/RESTATE/CORRECTION/M/MG RESIGN  
SUNRISE BODY REVIVAL CHIROPRACTIC AND MASSAGE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED  
17 OCT -5 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/6/17

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunrise Body Revival Chiropractic and Massage, 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:

Ghada Skaff

Name of Person

Lieser Skaff Alexander

Firm/Company

403 N Howard Ave

Address

Tampa, FL 33606

City/State and Zip Code

sbrchiropractic@gmail.com

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

For further information concerning this matter, please call:

Ghada Skaff

Name of Person

at (813) 280 1256

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**

Sunrise Body Revival Chiropractic and Massage, 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 5/6/2016 and assigned Florida document number 16000090485.

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)

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	KEVIN ESTEP	301 W Platt St #178	<input checked="" type="checkbox"/> Add
		Tampa, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 OCT -5 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated