

46000116611

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC
Account Number : T20070300020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH RIVER CHIROPRACTIC AND SPORTS MEDICINE,
PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

AUG 25 2016

S. YOUNG

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2016 AUG 24 PM 4:39
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TALLAHASSEE, FLORIDA

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

NORTH RIVER CHIROPRACTIC AND SPORTS MEDICINE, PLLC

(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 06/20/2016 and assigned
Florida document number L16000116611.

This amendment is submitted to amend the following:

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

RHC Health Services, PLLC

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:

6220 Manatee Avenue West, Suite 204

(Principal office address **MUST BE A STREET ADDRESS**)

Bradenton, FL 34209

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA
15 AUG 2016 AM 7:59

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

16 AUG 24 AM 9:59

E. Effective date, if other than the date of filing: _____ (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 08/24/ 2016

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN ESQ. AUTHORIZED REPRESENTATIVE OF A MEMBER

Typed or printed name of signee