U16000148328

(Red	questor's Name)		
(Add	dress)		
- (Ado	dress)		
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status		of Status	
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COVER LETTER

TO:	Registration Sec Division of Corp		, N		
SUBJ		Chiropractic LLC			
			ted Liability Company		
The e	nclosed Articles of A	amendment and fee(s) are subm	nitted for filing.		
Please	e return all correspon	dence concerning this matter to	o the following:		
		Frankie Amarillas			
			Name of Person		
		Feel Good Chiropractic LLC	С		
Firm/Company					
5121 Ehrlich Road Suite 109					
Address					
		Tampa, Florida 33624			
City/State and Zip Code					
		frankieamarillas@yahoo.com	n be used for future annual report notifies	ation)	
For fu	arther information co	ncerning this matter, please cal	·		
Frank	cie Amarillas		813 962-2849 at ()		
	Name of	Person		elephone Number	
Enclo	sed is a check for the	following amount:			
B \$2	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

reel Good Unitopractic LLC					
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.		
the Articles of Organization for this Limited Lia lorida document number L16000148328	ability Company	were filed on August 9	2016	and as	signed
his amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation	on "LLC" or the al	obreviation "I	.L.C."
Enter new principal offices address, if applicable:		5121 Ehrlich Road			
Principal office address MUST BE A STREET		Suite 109			
		Tampa, Florida 33624			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE L	<u>80X)</u>		Ü	16 OCT 31	- t - t - t - t - t - t - t - t - t - t
B. If amending the registered agent and/o egistered agent and/or the new registered off			records, enter	the mane	of the n
Name of New Registered Agent:	Frankie Amaril	las		6	
New Registered Office Address:	5121 Ehrlich R				
		Enter Florida stree	et address		
	Tampa		, Florida _ ³³	3624	
	_	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

Page 1 of 3

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>	Type of Action
MGR	Sheri Ridenour	10303 Manta Way	
		Tampa, Florida 33615	■ Remove
			☐ Change
MGR	Frankie Amarillas	5121 Ehrlich Road Suite 109	
		Tampa, Florida 33624	□ Remove
			⊟ Change
			Remove
			SS Change
			Add Add
			□ Remove
			☐ Change
			Add
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			Add
			Remove
			□ Change

			
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fective date, if other than the date of filing:	optional or more than 90 days after filing) o) Pursuan	nt to 605 026
te: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date	e will not	be listed a
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m.	on the	earlier
1/1			
otted October 26			
x portal /6 De			
Signature of a vember or authorized represen	stative of a member		
Frankie Amerillas			
Typed or printed name of sign	nee		

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Filing Fee: \$25.00