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## **COVER LETTER**

TO:		istration Sec ision of Corp				
CUDII	oor.	Frisbee Chira	opractic LLC			
SUBJE	:C1:		Name of Lim	ited Liability Company		
The en	closed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return	all correspon	dence concerning this matter	to the following:		
			Matthew Frisbee			
				Name of Person		
			Frisbee Chiropractic LLC			
				Firm/Company	· ·····	
			119 Truxton Ave		•	
				Address	<u> </u>	
			Fort Walton Beach FL, 325	541	1 SEC	
				City/State and Zip Code		
			mmfrisbee@gmail.com		5元 元	n
				to be used for future annual report notific	FEB 13 PM 4: 06	コ
For fur	ther is	iformation co	ncerning this matter, please ca	ail:	TOS. F.	
Matthe	w Fri	sbee		850 865-8349 at ( )	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		Name of	Person		Felephone Number	
Enclos	ed is a	check for the	e following amount:			
\$23	5.00 F	iling 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

Frisbee Chiropractic LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L17000021512	Company were filed on January 26, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
-	nited Liability Company," the designation "LLC" or-the a	bbreviation "L.L.C."
, ,	RESS)	超高工
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PH 4: 06 SSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on January 26, 2017	
MAI - STORE	, 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>	Address	Type of Action
MGR	Matthew M. Frisbee	152 Lola Circle Destin, FL 32541	
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		- FIST	## #:
Effective date, if other than the	date of filing:	(optional)	. Q6
Effective date, if other than the date of filing:  (optional)  (op			
		fective time, at 12:01 a.m. on the earl	lier o
Dated February 7'th	2017		
Matt J	mel P.C.		
	Signature of a member or authorized re	presentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00