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(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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, (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

SUBJECT: Tallahassee Spine and Wellness Center, U.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Michael Francis, DC Name of Person
Tollahassee Spine and Wellness Center, LLC.
5445 Fallow Lane Address
Tallahassee, Florida, 32304 City/State and Zip Code
82 Fink 1982 Ognail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam M. Francis, DC at (850) 443-4283 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Tallahassee Spine and	d Wellness Center, U.C.	
(<u>Name of the Limited Lin</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on $\frac{3/29/17}{323}$ and assigned	l
This amendment is submitted to amend the following:		
Family Spine and Wellness Ce	enter, LLC.	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	(Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company) les of Organization for this Limited Liability Company were filed on 3/29/17 and assigned accument number	
		e new
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		 	
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			□ Change
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	days after filing.) Pursuant to 60	5.0207 ted as
the record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earli	er of
Dated May Brd, 2017.		
Illen fran	her	
Signature of a member or authorized representative of a member	оег	

Page 3 of 3

Filing Fee: \$25.00