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**TO: Registration Section
Division of Corporations**

SUBJECT: Tallahassee Spine and Wellness Center, 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:

Adam Michael Francis, DC
Name of Person

Tallahassee Spine and Wellness Center, LLC
Firm/Company

5445 Fallow Lane
Address

Tallahassee, Florida, 32304
City/State and Zip Code

82 tink1982@gmail.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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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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

Tallahassee Spine and Wellness Center, LLC.

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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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.

Dated May 3rd, 2017.

Signature of a member or authorized representative of a member

Typed or printed name of signee