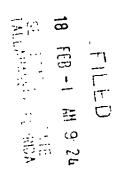
## 117001182626

Office Use Only



600308447776

02/01/18--01017--023 \*#25.00



FEB 02 ZOIR

## **COVER LETTER**

TO:	Registration Se Division of Cor				
(111D-11	Dr Chris Sli	ninger, LLC			
SUBJE	CT:	Name of Limi	ited Liability Company		_
		Amendment and fee(s) are sub-	_		
Please	return all correspo	ndence concerning this matter	to the following:		
		Scott Loden			
			Name of Person		_
		Loden Fraze and Associate	s		
			Firm/Company		_
		4601 Central Ave			
			Address		_
		St.Petersburg, FI 33713			
			City/State and Zip Code		_
		sloden@lodenfrazecpas.com E-mail address: (1	to be used for future annual i	report notification)	_
For furt	ther information co	oncerning this matter, please ca	ull:		
Scott L	.oden		727 490 at ( )	<b>)-7336</b>	
	Name of	Person		Daytime Telephone Num	ber
Enclose	ed is a check for th	ne following amount:			
_	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is encl	Certifi losed) Certifi	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrati Division Clifton B 2661 Exe	COURIER ADDRESS on Section of Corporations uilding cutive Center Circle ee, FL 32301	:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRCHRISSLININGER.COM LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000182626</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
Dr Chris Slininger, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		8
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		1
Enter new mailing address, if applicable:		五 星 台
Mailing address MAY BE A POST OFFICE BOX)		. 16 1915
		7
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the
Name of New Registered Agent:		<del></del>
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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
	<del></del>		Add
			Remove
		<del></del>	☐ Change
			□ Remove
			Change
			☐ Remove
			Change
<del></del>			
			☐ Remove
			Change
			Add
			Remove
			□ Change

•				
<del></del>	<del></del>	<del></del>		
			-	
	<del></del>			
<del></del> -	<del></del>			
			: <u>P</u>	œ
				<del></del>
			題:	. co <u>'</u>
			H	
-				
			±5	ي ني
			¥.	24
			-	
fective date, if other than the date o	of filing:	_	(optional)	
n effective date is listed, the date must be spe te: If the date inserted in this block do	citic and cannot be prior to	date of filing or more than	90 days after filing.) F	Pursuant to 605.0
cument's effective date on the Departm	ent of State's records.	e statutory tring requi	rements, this date w	in not be usie
		an effective time	at 12:01 a.m. or	n the earlie
record specifies a delayed effec	tive date, but not a		at 12.01 a.m., or	i the carrie
record specifies a delayed effec The 90th day after the record is	ctive date, but not a filed.	in directing timile)		
The 90th day after the record is	ctive date, but not a filed.	directive time,		
The 90th day after the record is	ctive date, but not a filed.	eeee time,		
record specifies a delayed effective 90th day after the record is ted	ctive date, but not a filed.	·		
The 90th day after the record is	ctive date, but not a filed.	:- :-		
The 90th day after the record is $\frac{10/30/17}{\sqrt{3}}$	filed.	: 		

Page 3 of 3

Filing Fee: \$25.00