

L17000188688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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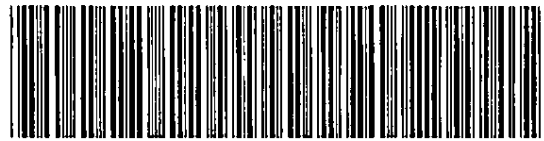
(Business Entity Name)

(Document Number)

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2017 SEP 25 PM 2:52  
CLERK OF COURT  
TALLAHASSEE, FL 32309

K. SALY

SEP 27 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Left Cortex Right Brain Sports Chiropractic Integrated Rehab 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:

Elizabeth Echevarria

Name of Person

Firm/Company

3956 Town Center Blvd # 598

Address

Orlando, FL 32837

City/State and Zip Code

eechevar@mail.usf.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Echevarria

813 468-0271  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Left Cortex Right Brain Sports Chiropractic LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 SEP 25 PM 2:52  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 5, 2017 and assigned Florida document number 900303260879.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Left Cortex Right Brain Sports Chiropractic Integrated Rehab LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3956 Town Center Blvd # 598

Orlando FL 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Elizabeth Echevarria

New Registered Office Address:

3956 Town Center Blvd # 598

Enter Florida street address

Orlando

City

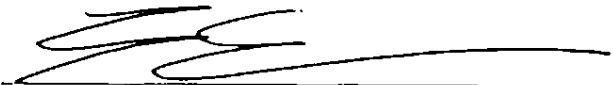
Florida

32837

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Elizabeth Echevarria	3956 Town Center Blvd #598 <del>Orlando</del>	<input type="checkbox"/> Add
		Orlando Fl. 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2011 SEP 25 11:25 AM  
CLERK OF DISTRICT COURT  
JULIA HOSCHKE, CLERK

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2011 SEP 23 PM 2:52  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIFORNIA

**E. 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 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

*[Handwritten signature]*

Typed or printed name of signee