

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : VCORP SERVICES, LLC  
Account Number : I20030000067  
Phone : (845) 425-0077  
Fax Number : (845) 618-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

2017 SEP 26 AM 11:30

STATE OF FLORIDA  
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
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2017 SEP 26 AM 10:13  
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TALLAHASSEE, FLORIDA

K. SALY  
SEP 27 2017

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2017 SEP 26 AM 10:13  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

Mauricio Chiropractic Melbourne LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 20, 2017 and assigned Florida document number L1700G195603.

This amendment is submitted to amend the following:

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

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)

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:

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 = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Daniel G. Cohen	12278 E. Colonial Drive	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Richard S. Bird	12278 E. Colonial Drive	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Robert C. Lee	12278 E. Colonial Drive	<input type="checkbox"/> Add
		Suite 60	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
MGR	Scott Bird	12278 E. Colonial Drive	<input type="checkbox"/> Add
		Suite 600	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32826	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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F. 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.

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

Dated September 25, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROBERT Q. LEE

Typed or printed name of signee