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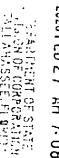
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## **COVER LETTER**

ection porations		
nitopraetie LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Dr Richard Frost		
	Name of Person	
Argenta Chiropractic LLC		
······	Firm/Company	<del></del>
405 West Central Blvd		
	Address	
Altamonte Springs, FL 32	714	
	City/State and Zip Code	<del></del>
	to be an ad for turns commit cannot such	Segtion)
		realism
	407 284,7347	
of Person	Area Code Daytim	e Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:	
	Amendment and fee(s) are sub- indence concerning this matter.  Dr Richard Frost  Argenta Chiropractic LLC  405 West Central Blvd  Altamonte Springs, FL 32  richardsfrost-å.gmail.com  In-mail address: tencerning this matter, please e	Amendment and feets) are submitted for filing.  Amendment and feets) are submitted for filing.  Indence concerning this matter to the following:  Dr Richard Frost  Name of Person  Argenta Chiropractic LLC  Firm/Company  405 West Central Blvd  Address  Altamonte Springs. Fl. 32714  Chy/State and Zip Code richardsfrostotigmail.com  E-mail address: to be used for turure annual report non- concerning this matter, please call:  at t 407  284.7347  Area Code  Daytim  the following amount:  S30.00 Filing Fee & Certificate of Status  Certificate of Status  Street Address: Registration Se

P.O. Ben 6327 Taliahassee, FL 32314

The Tours of Talkahasace 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0	F	2021	
Argenta Chiropraetic LLC			2020 FEB	
, ,	ed Liability Compa (A Florida Limited)	ny as it now appears on our records, (	表別話~	
The Articles of Organization for this Limited L Florida document number <u>1.180</u> 00106057			STOCKT TO THE PROPERTY OF THE	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Argenta Health LLC				
The new name must be distinguishable and contain the v	ords "Limited Liabs	lity Company." the designation " $\Omega L(\mathbb{S}^n)$	n the abbreviation "L.L.C."	
Enter new principal offices address, if applic	rable:	475 West Lake Brantley		
(Principal office address MUST BE A STREE	T ADDRESS)	Altamonte Springs FL 32714		
Enter new mailing address, if applicable:			<u>.                                    </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del> -	_	
			<u></u> .	
B. If amending the registered agent and/or ( agent and/or the new registered office addre	• *	address on our records, <u>enter th</u>	ie name of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	475 West Lake			
<del></del>		Futer Florida street address		
	Altamonte Spri	ngs Flor	ida <u>32714</u>	
		Cus	Zm 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Dr Richard Frost	475 West Lake Brantley Altamonte Springs FL 32714	_ TAdd
			_ ⊒Remove
			_ TChange
			_ TAdd
			lRemove
			_ DChange
			_ TAdd
			_ JRemove
			_ T.Change
	<del></del>		_ TAdd
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<del></del>	<del></del>	7	Add
			_ □Remove
			_ IChange

I am changing the Principal Add	
I am changing the Registered A	
	gent Address
Fam changing the Authorized P	ersons Address
-	
<u>.</u>	<u> </u>
<del> </del>	
-	
Sective date, if other than the da	ate of filing:
te: If the date inserted in this block	closes not meet the applicable statutory filing requirements, this date will not be listed:
cument's effective date on the Depa	irtment of State's records.
ecord specifies a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
24 February	2020
ted	· <del></del> ·
Dr. Richard	gnature of a member or authorized representative of a member

Filing Fee: \$25.00