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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	> Filing Officer:	

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## **COVER LETTER**

TO: Registration S Division of Co					
Matthew k	Karcher DC LLC				
	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Matthew Karcher DC				
		Name of Person		-	
	Mathen Karch	nor D.C. UC		_	
	2600 Sterling Ridge Dr	Firm/Company		. 7.	. ~
		Address			
	Augusta GA 30909			л ! - > '	. 1
	drkarcher@me.com	City/State and Zip Code			フ
For further information	E-mail address: (concerning this matter, please c	(to be used for future annual repail):	port notification)	)	
Matthew Karcher DC		407 865-1	1755		
Name (	of Person	Area Code	Daytime Telephone Number	ir	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	ate of Status &	

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

(Name of the Limited Liability Company as it	
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f	filed on and assigned
Florida document number L18000208160	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
Matthew Karcher DC LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	` ;
Principal office address MUST BE A STREET ADDRESS)	्र ।
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX	
3. If amending the registered agent and/or registered office accepts the agent and/or the new registered office address here:	ddress on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
- <del>-</del>	, Florida
Cit	y 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>	Address	Type of Action
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Filing Fee: \$25.00