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(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Registration S Division of Co			
Big Bend	Chiropractic, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael A Miller DC		
	Big Bend Chiropractic, 1.1.	Name of Person	
	3116 Capital Circle NE, St	Firm/Company te 1	.
	Tallahassee, FL 32308-779	Address	
	julie@tallyspine.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Julie Miller		850 668-4200 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	■ \$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)
МАН	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Bend Chiropractic, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{\text{L}19000002324}{\text{L}19000002324}$.	ny were filed on <u>12-28-2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		19 FB
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		enter the name of the new
Name of New Registered Agent:		6: 21
New Registered Office Address:	Car. El al Laura III.	
	Enter Florida street address	
	, Florid	đa 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julie A Mitler	3116 Capital Circle NE, Suite 1	-
		Tallahassee, FL 32312	LI Add
			■ Remove
			☐ Change
MGR	Michael A Miller DC	3116 Capital Circle NE, Suite 1	-
		Tallaahassee, FL 32308	
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			☐ Change
		·	
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

Effec (If an e	tive date, if other than the date of filing:
docur	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
docur	e 90th day after the record is filed.
docur the re) The	e 90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00