## L19000004797

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## **COVER LETTER**

Division of Co	rporations		
CROSSRC	DADS CHIROPRACTIC AND	NATURAL MEDICINE, LLC	
SUBJECT:			
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kelsey Jackson		
		Name of Person	
		Firm/Company	
	311 N Bayshore Dr.		
		Address	
	Safety Harbor Ft. 34696		
	drjackson@driptide.com	City/State and Zip Code	Liability Company  ted for filing. he following:  Name of Person  Firm/Company  Address  itty/State and Zip Code e used for future annual report notification)  727 415-7453 at (
	E-mail address: (	to be used for future annual report noti	ode  Tual report notification)  415-7453  Daytime Telephone Number  Tee & S60.00 Fitting Fee. Certificate of Status & Certified Copy
For further information o	concerning this matter, please c	all:	
Rebecca Cirrinicione		727 415-7453	
		at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROSSROADS CHIROPRACTIC AND NATURAL MEDICINE, 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 1/2/2019 and assigned Florida document number L19000004797 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DripTide Functional Health, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 311 N. Bayshore Dr. Safety Harbor FL 34695 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 sireet address

## 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.

\_. Florida \_\_\_

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  AMBD = Authorized Member			
· ·	MGR =	Manager	
		•	

<u>Title</u>	Name	Address	Type of Action
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record	l specifies a delayed ed.	f effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b	o) The 90th day afte	er the
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		Signatur	e of a member or au	thorized representativ	e of a member	<del></del>	