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## **COVER LETTER**

Division of Cor	porations	. <del>.</del>	
SUBJECT: OPT	IMUM HEAL Name of Limi	TH CHIROPRAC ted Liability Company	CTIC PLLC
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Svetland Sobel L 175 Eile Syosset,	Name of Person  AW OFFICES Firm/Company  Ch WCW Address  11791  City/State and Zip Code  Solvellaw DC	S PC
		o be used for future annual report n	
For further information ed	oncerning this matter, please ca	ill:	1
Svetlana	Sobel	at (516) H96 Area Code Days	ime Telephone Number
•			
Enclosed is a check for th	e 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)

MAILING ADDRESS:

TO:

**Registration Section** 

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

# TO ARTICLES OF ORGANIZATION OF

OPTIMUM HEALTH CHIROPRACTIC, PLLC
(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 $\frac{\text{December 10,2018}}{\text{December 10,40000}}$ and a Florida document number $\frac{\text{L190000011564}}{\text{L1564}}$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
OFTIMUM CHIROPRACTIC & TREATMENT PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
<u> </u>
25 25
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 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabile company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type
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Note:	tive date, if other than the date of filing: Date of filing (optional)  ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.
Dated	September 20 . 2019 .
	Signature of a member or authorized representative of a member
	_
	MOHSEN PADPASAND
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00