

Division of Corporations

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L19000174958

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H190002958113))



H190002958113ABC3

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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRANDYWINE HEALTH CENTER LLC**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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2019 OCT -4 AM 10:40

Fax Audit H19000895811.3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Brandywine Health Center 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 7/3/2019 and assigned Florida document number L19000174958

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kondrad Chiropractic LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

3220 Clark Road

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34231

Enter new mailing address, if applicable:

2209 Pinewood Circle

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34105

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 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager
AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (5)(b))

Dated October 1st , 2019

KSKondrad

Signature of a member or authorized representative of a member

Kristopher Kondrad, Member

Typed or printed name of signer

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