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(City/State/Zip/Phone #)

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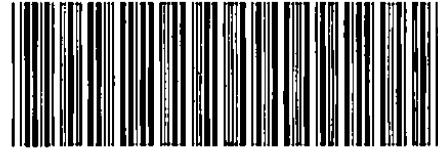
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 20

7:11 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Back in Motion Injury & Wellness Center, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Casey Hampton

Name of Person

Bingham Greenebaum Doll LLP

Firm/Company

2700 Market Tower, 10 W Market St. - Suite 2700

Address

Indianapolis, IN 46204

City/State and Zip Code

champton@bgdlegal.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Hampton

317

968-5399

at ()

Name of Person

Area Code

Daytime 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 Sta
Certified Copy
(additional copy is en

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**

FILED

Back in Motion Injury & Wellness Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP 16 P 3

The Articles of Organization for this Limited Liability Company were filed on 09/04/19
Florida document number NEW

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

King Neptune Properties, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A

Enter Florida street address

City Florida Zip

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if thi being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Address[illegible]

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

N/A

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 prior to date of filing or more than 90 days after filing.) Pursuant to

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
(b) The 90th day after the record is filed.

Dated September 5, 2019

Matthew M. Price

Signature of a member or authorized representative of a member

Matthew Price

Typed or printed name of signee