

L19000271722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

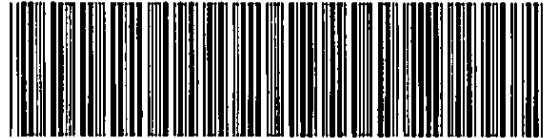
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000398134150

12/08/22--01006--011 **25.00

2/17/23
V.L.N

SECRETARY OF STATE
PAID PROCESS, FL

2022 DEC - 8 PM 12:33

FILED

To whom it may concern,

My name is Connor Heney and I have attached the form to amend the Articles of Organization of a Florida Limited Liability Company. I wish to amend my LLC name, the principal office address, and the mailing address.

My day time phone number is: 781-974-3696

Return address is as follows:

400 NE 3rd Ave, apt 3504

Fort Lauderdale, FL 33301

Thank you,

Connor Heney

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DC HENEY, 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:

Connor Heney

Name of Person

DC HENEY, LLC

Firm/Company

400 NE 3rd Ave, APT 3504

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

cjheney@gmail.com

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

For further information concerning this matter, please call:

Connor Heney

Name of Person

781 9743696
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

DC HENEY, 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 10/30/2019 and assigned
Florida document number L19000271722.

This amendment is submitted to amend the following:

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

Align and Flow Chiropractic LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

805 East Broward Blvd.

Suite 301-C

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

805 East Broward Blvd.

Suite 301-C

Fort Lauderdale, FL 33301

FILED
2022 DEC - 8 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL

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:

805 East Broward Blvd, Suite 301-C

Enter Florida street address

Fort Lauderdale

City

Florida 33301

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

(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 605.0207 (3)(b)

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

Signature of a member or authorized representative of a member

Typed or printed name of signee