LZO 000 119193

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Chiro No	mad LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dr. Yamely	S Sanabria-	Mendez
		Firm/Company	
	1163 1	ElKcam Blvd Address	
	<u>Chirona</u> E-mail address: (FL 3 272 City/State and Zip Code made gmail. Code to be used for future annual report notal	COM lication)
For further information co	oncerning this matter, please c		
Dr. Vamel	15 Sanabria-N	Area Code Daytime	1-5888
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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: 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

(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000119193</u> .	rere filed on 05/04/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	TO III
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Dr. Yamelys Sanabria Me	ndez 1163 Elkcam Blud	¥Add
		Deltona, FL 32725	□Remove
			🗆 Change
AMBR_	Ashley M. Bartholomen	1163 Elkcam Blvd	□Add
		Deltona, Fl 32725	~ □Remove
			XChange
			□Add
			🖸 Remove
			🖸 Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
_	
Note: If	date, if other than the date of filing:
e record s rd is tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6/2/2020
	Signature of a member or authorized representative of a member
	Ashley Baxtholonew Typed or printed name of signee

Filing Fee: \$25.00