

L20 000 119193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

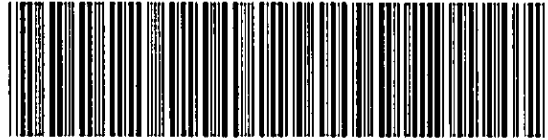
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000345648490

06/04/20--01005--003 **25.00

2020 JUN -4 PM12:40

Amend

JUN 22 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chiro Nomad 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:

Dr. Yamelys Sanabria-Mendez
Name of Person

—
Firm/Company

1163 Elkcam Blvd
Address

Deltona, FL 32725
City/State and Zip Code

chironamad@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Yamelys Sanabria-Mendez at (787) 234-5888
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 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

Chiro Nomad LLC

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	Dr. Yamelys Sanabria Mendez	1163 Elkcam Blvd	<input checked="" type="checkbox"/> Add
		Deltona, FL 32725	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	Ashley M. Bartholomew	1163 Elkcam Blvd	<input type="checkbox"/> Add
		Deltona, FL 32725	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Blank lined area for amending information, crossed out with a diagonal line.

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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 earlier of: (b) The 90th day after the record is filed.

Dated 6/2/2020


Signature of a member or authorized representative of a member

Ashley Bartholomew
Typed or printed name of signee