## L20000 151811

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## **COVER LETTER**

Registration Section
Division of Corporations

O:

UBJECT: Car	De Harber \ Name of Lim	Wellness PLL ated Liability Company	<u>C.</u>	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	<u>Justin</u>	D. Dempsey Name of Person		
	Cape Harbo	or Chiropractic &	Wellnes	2
	(043 Cape	Coral PKWY E,	#E	
		city/State and Zip Code  peharbor wellness to be used for future annual report notifi	ication)	2020 SEP 22 PH 12: 025
or further information c	oncerning this matter, please ca		<u>.</u>	76 PM 12
Justin DT Name o	Dempsey TPerson	at (5) d (026) Area Code Daytime	-8976 Telephone Number	<u> </u>
nclosed is a check for the	he 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 Certificate o Certified Co (additional cop	of Status & opy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	ARBOR Liability Compan	WELLNES  y as it now appears on or ability Company)	SS, PLL	<u>C</u>	
he Articles of Organization for this Limited Liab lorida document number <u>L 2000015</u> 2	ility Company v 1871	were filed on <u>Jur</u>	ne. 03, 20	20and assigne	d
his amendment is submitted to amend the follow	ing:				
. If amending name, enter the new name of th	ne limited liabil	ity company here:			
CAPE HARBOR CHIROPR the new name must be distinguishable and contain the word	RACTIC  ds "Limited Liability	8 WELLNE ty Company," the designat	SS , PLLC tion "LLC" or the ab	breviation "L.L.C."	<del></del>
nter new principal offices address, if applicab		Cape Cor	Coral Pk.	wyE, #E 3904	- - 
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	643 Cape Cape Coro	Coral 1	2kwy36, 290/85 22	<b>⇒</b> E
. If amending the registered agent and/or reg gent and/or the new registered office address l		ddress on our record	s, <u>enter the nam</u>	60f the new re	eistered
Name of New Registered Agent:	· 112 C	0			
New Registered Office Address:	<u>643 C</u>	-ape Cora) Enter Florida stro Coral	PKWY E	<u> </u>	
	Cape	Coral City	Florida	33904 Zip Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGR	Justin D. Dempsey	1213 SW 22nd Place	□Add
	·	Cape Coral, FL 33991	
			MChange
			□ Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
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ctive date, if other than the date of filing:O	(optional) han 90 days after filing.) Pursua quirements, this date will no	int to 605.0207 of be listed as
ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) The 90th	day after the
d September 18. 2020	-	