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A. RAMSEY DEC 15 2022

Sama Shayeb requested the new narre be Chansed to Altus Churopractic

COVER LETTER

'TO:

etin tega	ra			
SUBJECT	<u></u>	Name of Limi	ted Liability Company	
Division of Corporations NVICTUS REHABILITATION LLC				
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
	Division of Corporations INVICTUS REHABILITATION LLC			
	Division of Corporations INVICTUS REHABILITATION LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Charles D Shapero. CPA. MST Name of Person Widget Bookkeeping and Tax, PA Firm/Company 50 South Belcher Road, Suite #123 Address Clearwater, FL 33765 City/State and Zip Code SAMASHAYEBDC@GMAIL.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: names D Shapero. CPA. MST Name of Person Area Code S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Center of Tallahassee			
		Widget Bookkeeping and	Γax, PA	ng: f Person ompany ress nd Zip Code inture annual report notification) 27 953-9493 ra Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee. Ged Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
			BILITATION LLC Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: Interest of Shapero, CPA, MST Name of Person South Belcher Road, Suite #123 Address arwater, FL 33765 City/State and Zip Code IASHAYEBDC@GMAIL.COM E-mail address: (to be used for future annual report notification) Interest of Status Tara Code Daytime Telephone Number Wing amount: South Filing Fee & S55,00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	INVICTUS REHABILITATION LLC Name of Limited Liability Company			
			Address	
Division of Corporations INVICTUS REHABILITATION LLC				
	Invision of Corporations INVICTUS REHABILITATION LLC In Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. Internal correspondence concerning this matter to the following: Charles D Shapero, CPA, MST Name of Person Widget Bookkeeping and Tax, PA Firm/Company 50 South Belcher Road, Suite #123 Address Citearwater, FL 33765 City/State and Zip Code SAMASHAYEBDC@GMAIL.COM E-matl address: (to be used for future annual report notification) r information concerning this matter, please call: O Shapero, CPA, MST Name of Person To Same of Person To Same of Person Area Code Daytime Telephone Number See Certificate of Status Certified Copy Certified Cop			
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Charles D	·		at (
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	ne following amount:.		
≅ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
F	Registration S	Section	Registration S	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILEU

INVICTUS REHABILITATION LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records:)

(iv) formu	Limited Liaolity Company)	The supplier of the second
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/17/2020	and assigned
Florida document number 1.20000168318	<u></u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ALTUS CHIROPRACTIC LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	l office address on our records, <u>ent</u>	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		***
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	omplete performance 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

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
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			□ Remove
			□Change

Effective date, if other than the date of filing:	. If amending any other information				
Effective date, if other than the date of filing: (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 (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. 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 rord is filed. Dated SEPTEMBER 13 2022 Signature of a member or authorized representative of a member OSAMA SHAYEB					
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Dated SEPTEMBER 13 2022 Signature of a member or authorized representative of a member OSAMA SHAYEB	Note: If the date inserted in this block	does not meet the applical	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605.0 nents, this date will not be liste	0207 (3) ed as the
Signature of a member or authorized representative of a member OSAMA SHAYEB		ate, but not an effective tin	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
Signature of a member or authorized representative of a member OSAMA SHAYEB	Dated SEPTEMBER 13	2022	_•		
OSAMA SHAYEB	Cher				
	Sig	mature of a member or author	rized representative of a memb	er	
	OSAMA SHAYEB				

Filing Fee: \$25.00