

L200000173117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

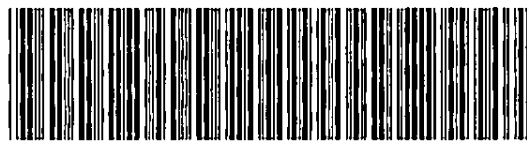
(Business Entity Name)

(Document Number)

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2020 AUG 21 PM 4:32  
TALLAHASSEE, FL

D BRUCE  
OCT 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORE LIFE SPORTS PERFORMANCE CHIROPRACTIC L.L.C.
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:

Kiara R. Hernandez Gonzalez
Name of Person

Exclusive Accounting
Firm/Company

P.O. Box 602
Address

Minneola, FL 34755
City/State and Zip Code

hernandezcpa@exclusive-accounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiara R. Hernandez-Gonzalez at (352) 346-7758
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Options for filing fees: \$25.00, \$30.00 (checked), \$55.00, \$60.00. Includes options for Certificate of Status and Certified Copy.

Vertical stamp: 2020 AUG 21 PM 3:32, FILED, TALLAHASSEE, FL

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**

MORE LIFE SPORTS PERFORMANCE CHIROPRACTIC L.L.C.

(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 06/22/2020 and assigned Florida document number L20000173117.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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)

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STATE OF FLORIDA  
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:

Exclusive Accounting

New Registered Office Address:

411 Raymond St.

Enter Florida street address

Minneola

City

Florida

34715

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.*

Keara R. Hardy Gonzales, CPA

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>
MGR, AMBR	Esteban A. Santiago	13512 LODI TER UNIT 5310	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY  
TALLAHASSEE, FL  
2022 AUG 29 PM 3:32  
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