LZ0000287924

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

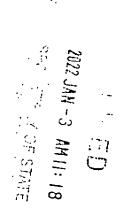
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COVER LETTER

	Registration Se Division of Cor		а .	
CHBIC	***	Thiropractic, PLLC		•
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Chase D Vanderpol		
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		14724 Bulow Creek Dr.		
			Address	
		Jacksonville FL 32258		
			City/State and Zip Code	
		dr.chase@stjohnschiropract		
For furthe	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	orfication)
Chase D	Vanderpol		904 290-1312 at ()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 Addres Registration		Street Address: Registration S	ection
	Registration Division of C		Division of Co	
]	P.O. Box 632	27	The Centre of	Tallahassee
•	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000287924}{1.0000287924}$.	were filed on 09/14/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
St. Johns Chiropractic. PLLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14724 Bulow Creek Dr.
Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32258
Enter new mailing address, if applicable:	14724 Bulow Creek Dr.
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 32258
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u> e
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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.

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
			
			□Remove
			□Change
			□Remove
 			
			□ Remove
			□Change
			□Add
			Петоче
			□Change
			□Add
			□Remove
			□Chanue

I am keeping the company as	s a PLLC since it is required according to chapter 621.03 of the 2021 Florida Statutes.
I am a chiropractor and this i	is required because I have a license and offer professional services.
	· · · · · · · · · · · · · · · · · · ·
	
	
ective date, if other than the	e date of filing: (optional)
reffective date is listed, the date must	e date of filing:
cument's effective date on the D	
scord specifies a delayed effectives filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2021
December 24th	··································
December 24th	Signature of a member or authorized representative of a member

Filing Fee: \$25.00