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3/31/21

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyson Devereux		
		Name of Person	<del></del>
	Gardens Chiropractic		
		Firm/Company	•
	1631 sherbourne Street		
	•	Address	
	Winter Garden, Florida 34	787	
		City/State and Zip Code	
	yralia.devereux@gmail.con	n	
		to be used for future annual report n	otification)
for further information c	oncerning this matter, please ca	all:	
Yralia Devereux		at (208 ) 695-0098	
	f Person		ime Telephone Number
inclosed is a check for th	a full miles and a		
	<del>-</del>	_	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:			
Mailing Address Registration S		<u>Street Address:</u> Registration S	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gardens Chiropractic LLC

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(Name of the Limited Liability Company as it now appears on our records) TARY OF STATE

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 \_\_\_\_\_ and assigned Florida document number L20000358991 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Gardens Chiropractic LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Yralia Devereux New Registered Office Address: 1631 Sherbourne Street Enter Florida street address \_\_\_\_, Florida 34787 Zip Code Winter Garden Citv

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacit,. 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 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>	Name	Address	Type of Action
MGR	Tyson Devereux	1631 Sherbourne Street, Winter Garden, FL 34787	\BAdd
			□Remove
			🗆 Change
			□Add
			□Remove
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			□Change
			□Add
			_ 🗆 Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
(If an eff	ive date, if other than the date of filing: 02/06/2021 (optional) ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he recor ord is fi	d 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 led.
Dated	2/06/2021
	Signature of a member or authorized representative of a member

Dill II one or