

L20000394400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

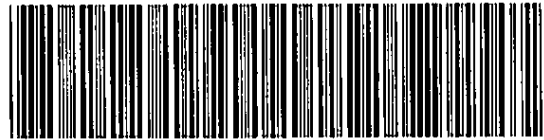
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2021 MAR -8 P 10:24
Arkansas Dept.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rise Health Chiropractic, LLC

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:

Doctor Nicole Foster

Name of Person

Rise Health Chiropractic, LLC

Firm/Company

150 LONGWOOD DR

Address

ORMOND BEACH 32176

City/State and Zip Code

drinacherise@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doctor Nicole Foster

Name of Person

at (386) 366-1751

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

FILED
MAR 8 2021
TALLAHASSEE, FL

2021 MAR -8 P 10:24

FILED

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

Rise Health Chiropractic, LLC

(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 December 17, 2020 and assigned Florida document number 120000394400.

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)

142 E. Granada Boulevard Ste. 207

Ormond Beach, FL 32176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 Longwood Dr.

Ormond Beach, FL 32176

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:

New Registered Office Address:

142 E. Granada Boulevard Ste. 207

Enter Florida street address

Ormond Beach

City

Florida 32176

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.

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> |
|--------------|-----------------|------------------------|--|
| AMBR | Lysa A Vaughn | 152 Londwood Dr. | <input type="checkbox"/> Add |
| | | Ormond Beach, FL 32176 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Kathyleen Allen | 1990 Second Avenue | <input type="checkbox"/> Add |
| | | Deland, FL 32724 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Nicole C Foster | 150 Longwood Dr. | <input checked="" type="checkbox"/> Add |
| | | Ormond Beach, FL 32176 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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 SEPT 10 2021
 FALL AHEAD OF FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I am attempting to make myself, Dr. Nicole C Foster the OWNER of the LLC not just the registered agent.

I am removing the current AMBR and MGR as I misunderstood the instructions.

I am the ONLY owner, and the sole proprietor in my LLC.

My bank told me I have to be the AMBR in order to have a business account.

I spoke with Andrea on the phone there at SunBiz and she was amazing and deserves a raise.


E. Effective date, if other than the date of filing: 2/26/2021 **(optional)**

(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 (3)(b)

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.

If 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 record is filed.

Dated February 26, 2021



Signature of a member or authorized representative of a member

Lysa A Vaughn

Typed or printed name of signee

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TALLAHASSEE, FLORIDA