

L21 000 209486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

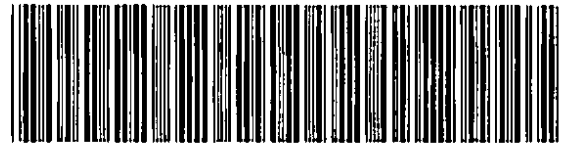
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/20/21
TM

Office Use Only



200373053132

09/10/21--0101A--004 **30.00

21 SEP 10 PM 3:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bensa Chiropractic and Wellness, 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:

Nicole Santana Rodriguez

Name of Person

Bensa Chiropractic and Wellness, LLC

Firm/Company

4618 E State Road 64

Address

Bradenton FL 34208

City/State and Zip Code

bensachiro@gmail.com

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

For further information concerning this matter, please call:

Nicole Santana Rodriguez

941 405-4088
at ()

Name of Person

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

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

21 SEP 10 PM 3: 22

Bensa Chiropractic and Wellness, 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 05/05/2021 and assigned
Florida document number L21000209486.

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:

4618 E State Road

(Principal office address MUST BE A STREET ADDRESS)

Bradenton FL 34208

Enter new mailing address, if applicable:

4618 E State Road 64

(Mailing address MAY BE A POST OFFICE BOX)

Bradenton FL 34208

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:

4618 E State Road 64

Enter Florida street address

Bradenton

City

Florida 34208

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

21 SEP 10 PM 3:23

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

Case	Initial State	Final State	Operation
1	<input type="checkbox"/> Add
2	<input type="checkbox"/> Remove
3	<input type="checkbox"/> Change
4	<input type="checkbox"/> Add
5	<input type="checkbox"/> Remove
6	<input type="checkbox"/> Change
7	<input type="checkbox"/> Add
8	<input type="checkbox"/> Remove
9	<input type="checkbox"/> Change
10	<input type="checkbox"/> Add
11	<input type="checkbox"/> Remove
12	<input type="checkbox"/> Change
13	<input type="checkbox"/> Add
14	<input type="checkbox"/> Remove
15	<input type="checkbox"/> Change

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

21 SEP 10 PM 3: 23

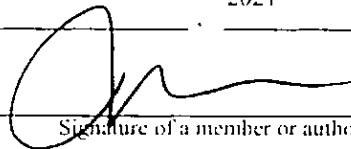
E. Effective date, if other than the date of filing: _____ (optional)

(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 September 7, 2021



Signature of a member or authorized representative of a member

Nicole Santana Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00