

121000331416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

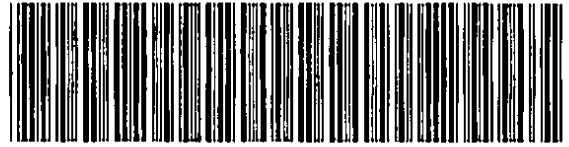
(Business Entity Name)

(Document Number)

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2022 APR 21 PM 3:34
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JULIA A. BROWN

Amend/Name Change

JUN 21 2022

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spine Clinic 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:

Michael Dempsey

Name of Person

ZenBusiness Inc.

Firm/Company

5511 Parkerest Drive Suite 103

Address

Austin, Texas, 78731

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Michael Dempsey c/o ZenBusiness Inc.

844 493-6249
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

_____ and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Spine Clinic LLC

28657 oak pond rd

Apt 310

Wesley Chapel . FL 33543

28657 oak pond rd

Apt 310

Wesley Chapel , FL 33543

Name of New Registered Agent:

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 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	Alberto Josue Martinez	28657 oak pond rd	<input type="checkbox"/> Add
		Apt 310	<input type="checkbox"/> Remove
		Wesley Chapel , FL 33543	<input checked="" type="checkbox"/> Change
AMBR	Karyss Lyssue Martinez	9301 Summit Centre Way	<input type="checkbox"/> Add
		Unit 2128	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32810-6022	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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 April 13 2022

/s/ Alberto Josue Martinez

Signature of a member or authorized representative of a member

Alberto Josue Martinez

Typed or printed name of signee