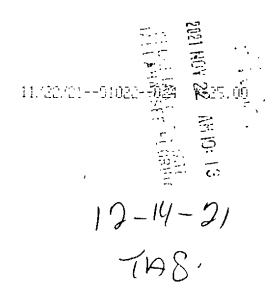
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER

TO: Registration Se Division of Cor			
Amendmen SUBJECT:	it to Articles of Organization fo	or Carrion Ghiropraetic, LLC :	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULIO R. CARRION, ESG	QUIRE	
		Name of Person	
	CARRION & GUZMAN.	P.A.	
		Firm Company	
	1004 VERONA STREET		
		Address	
	KISSIMMEE, FLORIDA	34741	
		City/State and Zip Code	
	carrionguzmanlaw@embaro E-mail address: (	mail.com to be used for future annual report notification)	
For further information c	once ming this matter, please c	·	
Julio R. Carrion		407 944-1009 at ( )	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	•
•			
Mailing Address Registration Solution of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	· _ <b> ·</b> ·	Tallahassee, FL 32303	

## · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)			
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000447333	y were filed on OCTOBER 13, 2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1000 VERONA STREET			
Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FLORIDA 34741	2621		
<del> </del>		5 5		
		22		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	1000 VERONA STREET	<u> </u>		
	KISSIMMEE, FLORIDA 34741			
3. If amending the registered agent and/or registered office	address on our records. enter the	name of the new register		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
- · · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
Care Degictared Agent's Signature if shonging Degictared Agent	:			
New Registered Agent's Signature, if changing Registered Agent	_			

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

MGR = N $AMBR = A$	Ianager Authorized Member	, · · .	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the	date of fili	ng:			(option	nal)	
fan effective date is listed, the date must <b>Note:</b> If the date inserted in this blo	ck does not	meet the app	licable statute	ing or more that ory filing requ	i 90 days after f irements, this	iling.) Pursuant to 60 date will not be lis	5.0207 ited as i
document's effective date on the De	partment of	State's recor	ds.				
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e record specifies a delayed effective rd is filed.	gate, but n	ot an effective	e time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day att	er the
Dated		2021					
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Typed or printed name of signee