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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

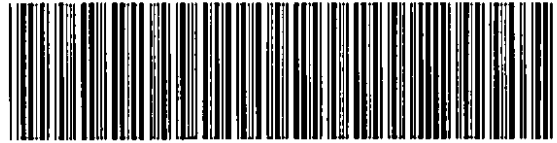
(Business Entity Name)

(Document Number)

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2022 APR -1 AM 7:49

SEVENTH JUDICIAL CIRCUIT IN AND FOR THE STATE OF FLORIDA  
TALLAHASSEE, FL

St 4/14/2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTH FLORIDA SPINE AND CHIROPRACTIC CENTERS 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:

PAUL V CLOUGH

Name of Person

THE TAX MAESTRO INC

Firm/Company

1751 US HIGHWAY 27 S

Address

SEBRING, FL 33870-4920

City/State and Zip Code

paul@taxmaestro.com

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

For further information concerning this matter, please call:

PAUL V CLOUGH

863

658-4357

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

FILED

2022 APR -1 AM 7:49

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

ALLAHASSEE, FL

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

**(Mailing address MAY BE A POST OFFICE BOX)**

*Enter Florida street address*

## Florida

61

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*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>
AMBR	SCARFONE, ROCCO	7491 N. FEDERAL HIGHWAY, SUITE 135	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREG L WESSLER	7491 N. FEDERAL HIGHWAY, SUITE 135	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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This image shows a single page from a notebook or ledger. It features approximately 20 horizontal blue ruling lines spaced evenly across the page. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings on the page.

(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.

RCH 30 \_\_\_\_\_ 2022



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee