

L22000048339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

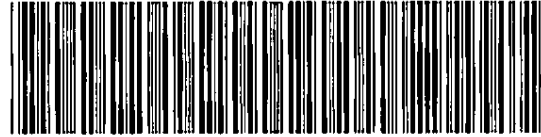
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JUL 19 2022

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FILED
JUL 18 2022
TALLAHASSEE, FLORIDA

RECEIVED
2022 JUL 18 AM 11:04

FILED
2022 JUL 18 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: \$

AUTHORIZED SIGNATURE Jerena Fillmon

CLASSIC CHIRO CARE LLC 122000048339

BUSINESS DOCUMENT #

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTILLE () ☐ Other
Country

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion
☐ Revocation

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: \$

AUTHORIZED SIGNATURE *Terrell Hillman*

CLASSIC CHIRO CARE LLC L22000048339
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☐ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSIC CHIRO CARE 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:

Dr. Robert Hawk
Name of Person
CLASSIC CHIRO CARE LLC
Firm/Company
6100 W ATLANTIC BLVD
Address
MARGATE, FL 33063
City/State and Zip Code
Drhawk@cmismanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT HAWK
Name of Person
561 260-4996
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CLASSIC CHIRO CARE LLC

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

FILED
2022 JUL 18 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/27/2022 and assigned
Florida document number 1.22000048339.

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 "L.L.C.," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

City

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

[illegible]

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

Please be advised that we need to add a TAX ID number to our Sun Biz account.

The original Tax ID active from 4/7/2022 to 6/19/2022 is 88-1646215 and needs to be added to the account.

The management company created a new TAX ID which is 88-2873982 on 6/20/2022 because they could not find the old one. However, the old tax id was the active one during those dates. TAX ID 88-2873982 is currently listed on SunBiz and should remain on Sun Biz with just the addition of the old one with corrected dates.

I have attached both CP-575 forms for the original and new tax ID and the corporation documents.

To confirm: the previous tax id valid from 04/07/22 to 06/19/22 is 88-1646215 and should only be listed for those dates. The current tax id is 88-2873982 and will remain the current and future tax id for Classic Chiro Care LLC.

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 July 17th, 2022

Dr. Robert Hawk

Signature of a member or authorized representative of a member

Dr. Robert Hawk

Typed or printed name of signee