## L22 000 092 458

(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:

Office Use Only



300395477963

10.11/22--010:6--027 \*\*25.00



A. BUTLER
JAN - 5 2023

## **COVER LETTER**

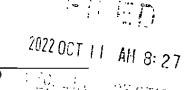
TO;

Registration Section

Division of Corporations	·	
SUBJECT: <u>Vasaello Family</u>	Chiropsache /LC ne of Limited Liability Company	. ~
The enclosed Articles of Amendment and fee(s) Please return all correspondence concerning this	-	
Thomas J	Nardello Jr D.C. Name of Person	
Nardello F	Family Chisopractic Firm/Company	
674 NE 3	Jensen Beach Blud Address	
Jensen E	Beach FL 34957 City/State and Zip Code	
Homas 1 nac	raello 1 c de Q 9 mail-com address: (to be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Thomas J Nardello Jr D. C. Name of Person	at ( <u>772</u> ) <u>334 - 0034</u> Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:		
		Status & y
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



Nardello Family 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 09/19/2023Florida document number <u>L2200009245</u> 8 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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

## 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.

City

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>	Address	Type of Action
MGR	Thomas J Narriello Jr	1964 Price Circle	□Add
		Clearwater FL 33764	
			□Change
MGR_	Thomas J Nardelle Jr D.C	1351 SW Don C+	[AV99
		Port St. Lucie FL 34953	□Remove
			□Change
			□Add
		·	□Remove
			□Change
			🗀 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			\[ \] \[
			Remove
			□Change

	<del></del>	-			
				<u> </u>	
				<del></del>	<del>-</del>
		<del></del>			
	<u> </u>		_ <b>_</b>		
				<u></u>	
					<del></del>
-	<del></del>		<u> </u>	<del></del>	<del></del>
	····				
<del></del>				<del></del>	
		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
		<del></del>			
<del></del>					
te. If the date i	other than the date of listed, the date must be spenserted in this block doo ve date on the Department	es not meet the appl	licable statutory films	(optio ore than 90 days after t g requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
ecord specifies a is filed.	delayed effective date,	but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
ted <u>\$ Oct</u>	Ober 5+n  Signatur		<u>.</u>		
	1 -4 //	' 1 <b>/</b> / /			
<del></del>	Signatu	ire of a member or that	horized representative	of a member	

Filing Fee: \$25.00