

h22000322935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

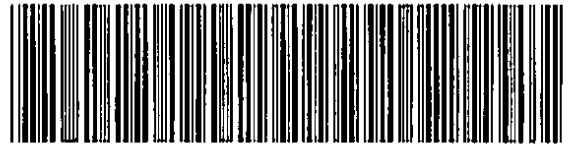
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SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JAN 31 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Moe's Chiropractic & Wellness Center 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. Janice Stone

Name of Person

Moes Chiropractic & Wellness Center LLC

Firm/Company

1900 Forest Hill Blvd, Suite A9-A10

Address

West Palm Beach, FL 33406

City/State and Zip Code

moeschiropractic@gmail.com

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

For further information concerning this matter, please call:

Janice Stone

Name of Person

at 561, 641-9211

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 29 PM 3:15

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2022

DR. JANICE STONE
1800 FORST HILL BLVD
SUITE A9-A10
WEST PALM BEACH, FL 33406

SUBJECT: MOE'S CHIROPRACTIC & WELLNESS CENTER LLC
Ref. Number: L22000322935

We have received your document for MOE'S CHIROPRACTIC & WELLNESS CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 722A00028112

2022 DEC 29 AM 10:58

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Moe's Chiropractic & Wellness Center LLC

(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 7-20-2022 and assigned
Florida document number L22000322935

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

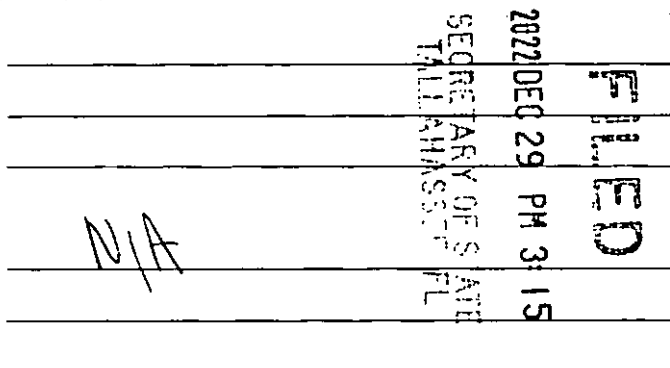
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Aline Lacroix

New Registered Office Address:

1800 Forest Hill Blvd, Suite A9-A10

Enter Florida street address

West Palm Beach

City

Florida

33412

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.

Aline Lacroix

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.)

Add EIN# 88-3475926

E. Effective date, if other than the date of filing: September 01, 2020 (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 September 07, 2020

Aline Kacroux
Signature of a member or authorized representative of a member

Aline Kacroux
Typed or printed name of signee