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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| - |
| J. HORNE |
| JUL 2 1 2023 |
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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, FL 32314

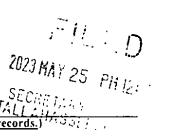
· TO:

| Div | ision of Cor | porations | • | |
|----------------|----------------|--|---|---|
| CUDIECT. | - | Chiropractic LLC | | |
| SUBJECT: | | | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Płease return | all correspo | ndence concerning this matter | to the following: | |
| | | Odalis M. Vazquez | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1151 S Park Rd apt 205 | | |
| | | | Address | |
| | | Hollywood, Fl 33021 | | |
| | | | City/State and Zip Code | |
| | | odalis.vazquez.22@gmail.co | om to be used for future annual report n | atitionian |
| For further in | nformation c | oncerning this matter, please ca | | ouncarran |
| Odalis M. V | | | 386 562-8979 at () | |
| Name of Person | | | ime Telephone Number | |
| Enclosed is a | a check for th | ne following amount: | | |
| □ \$25.00 i | 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 \$tatus & Certified Copy (additional copy is enclosed) |
| | iling Addres | | Street Address: Registration S | |
| | _ | Corporations | Division of C | |
| | D. Box 632 | • | The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



She Speaks Chiropractric LLC

company has been notified in writing of this change.

(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 Oct 31 2022 | and assigned | |
|---|------------------------------------|----------------------------------|--|
| Florida document number 1.22000466987 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | | |
| The Rehab Academy, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LL | .C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1151 S Park Rd apt 205 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Hollywood Fl, 33021 | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | Hollywood Fl, 33021 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered office | address on our records, ente | r the name of the new registere | |
| agent and/or the new registered office address here: | | | |
| SV D | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street addr | ess | |
| | , ł | Florida Zip Code | |
| | • | λιρ Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | | | |
| accept the obligations of my position as registered agent as | | | |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | □Remove |
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| Signature of a member or authorized representative of a member | | 1 / | | | | |
| | | , TY | | | | |
| | | Signature of a me | embedor authori | Zed representative of | a member | |