L23000128656

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJEC		ment Project Chiropraetie LLC		
SUBJEC	' · <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Mitchell Ayotte		
			Name of Person	-
		The Movement Project Ch	iropraetie LLC	
			Firm Company	
		10900 Town Cir. Apt. 108		
			Address	
		Wellington, FL, 33414		.s. 2
		mitchayotte40@gmail.com	City/State and Zip Code	2023 AUG 18 AM 10: 30 SECRETARY OF STATE TALLAHASSEE, FU
For furth	ner information c	E-mail address; of toncerning this matter, please c	to be used for future annual report notificall;	ARY CARY C
Mitchell	Ayotte		207 227-8120	ANIO: C
_	Name o	of Person	Area Code Daytime T	elephone Number 171 0
Enclosed	d is a check for t	he 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! Division of C	Section	<u>Street Address:</u> Registration Secti Division of Corpo	
	P.O. Box 632	27	The Centre of Tal	
	Tallahassee,	FL 32314	2415 N. Monroe 5	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Movement Project Chiropraeti		
(Name of the Limi	ed Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited L Florida document number L23000128656	iability Company were filed on	13 March 2023 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company	here:
The new name must be distinguishable and contain the	vords "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	rable:	
(Principal office address MUST BE A STREET ADDRESS)		\$E
		2020 AUG SECRET
		10 TO
Enter new mailing address, if applicable:		SZ I III
(Mailing address MAY BE A POST OFFICE BOX)		
		in in
	 ::::	រា
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on ourses here:	r records, enter the name of the new regis
		
Name of New Registered Agent:	Natacha Marin	
New Registered Office Address:	10900 Town Cir. Apr. 108	
	Enter i	Florida street address
	Wellington	, Florida ³³⁴¹⁴
	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

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>	Type of Action
AMBR	Natacha Marin	10900 Town Cir. Apt. 108	⊒ Add
		Wellington, Fl. 33414	□Remove
			□Change
			□Remove
			JChange 2023 AU SECRI
			TARY AHA
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	14.	Anonsi 2023				
ffective date, if other than than the an effective date is listed, the date in	re date of filing:	t be prior to date of fi	ing or more than 90 d	_ (optional) avs after filing.) P	ursuant te	605,020
<u>lote:</u> If the date inserted in this ocument's effective date on the	block does not meet th	e applicable stamti	ory filing requireme	ents, this date wi	Il not be	listed a
record specifies a delayed effec	tive date, but not an eff	ective time, at 12:0)) a.m. on the earli	er oft (b) The 9)Oth day	after the
l is filed.						
Pated August 13	202	2				

Filing Fee: \$25.00

Typed or printed name of signee

Mitchell Ayotte