

L23000465680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

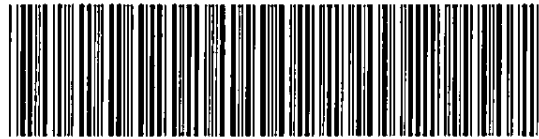
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S CHATHAM

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07/21/25--01003--004 **25.00

FILED
2025 JUL 21 PM 12:30
CLERK OF COURT
JACKSONVILLE, FL

LAW OFFICES

WILLIAM G. MORRIS, P.A.

William G. Morris, Esq.
Admitted in FL, DC, VA

Of Counsel
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Email: wgm@wgmorrislaw.com
www.wgmorrislaw.com

July 15, 2025

Via Federal Express

Florida Department of State
Division of Corporations
Attn: Summer Chatham, Supervisor
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

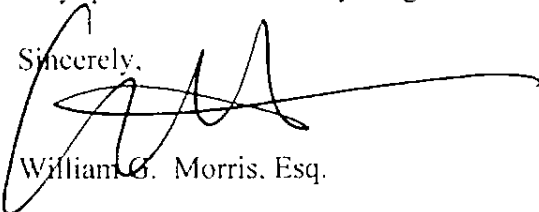
RE: MARCO CHIROPRACTIC CLINIC, LLC -
Amendment Name Change
Our File No.: 25CM007
Reference Number: L23000465680

Dear Ms. Chatham:

Accompanying is check payable to Florida Department of State in the amount of \$25.00 for filing fee. The Articles of Amendment were previously filed and held in your office.

Please let us know if you have any questions or need anything else.

Sincerely,



William G. Morris, Esq.

WGM/gms d:14
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO CHIROPRACTIC CLINIC, 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:

WILLIAM G. MORRIS

Name of Person

WILLIAM G. MORRIS, P.A.

Firm/Company

247 N. COLLIER BLVD. SUITE 202

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

wgmt@wgmorrislaw.com

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

For further information concerning this matter, please call:

WILLIAM G. MORRIS

239

642-6020

at ()

Name of Person

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

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

MARCO CHIROPRACTIC CLINIC, 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 10/09/2023 and assigned
Florida document number L23000465680.

This amendment is submitted to amend the following:

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

OPTIMIZE HEALTH 360, LLC

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

ANNALISA SAWICK

New Registered Office Address:

606 BALD EAGLE DRIVE, SUITE 201

Enter Florida street address

MARCO ISLAND

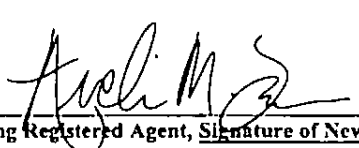
Florida 34145

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>	<u>Type of Action</u>
AMBR	GREGORY S. DENUNZIO	606 BALD EAGLE DRIVE, SUITE 201	☐ Add
		MARCO ISLAND, FL 34145	☒ Remove
			☐ Change
AMBR	STACIE PLUNKETT	606 BALD EAGLE DRIVE, SUITE 201	☒ Add
		MARCO ISLAND, FL 34145	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2025 JUN 21 PM 12:50
ALLAHABAD, IN

2025 JUL 21 PM 12:30
"MALLANBSEETI"

FILED
2025 JUL 21 PM 12:30
FALLS CHURCH, VA

(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)

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 May 11, 2025

Dr. Greg DeNunzio, D.C.

Signature of a member or authorized representative of a member

GREGORY S. DENUNZIO

Typed or printed name of signee

Filing Fee: \$25.00