

(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:
J. HORNE SEP 19 2024
SEP 19 2024





09/16/24--01030--008 **25.00



COVER LETTER

TO: Registration Section
Division of Corporations

Sabrina Equine and Animal Chiropractic LLC SUBJECT:					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Sabrina Ragsdale				
		Name of Person	·		
	Sabrina Equine and Animal Chiropractic LLC				
	- ,	Firm/Company			
	5107 51st Way				
		Address			
	West Palm Beach, Florida	33409			
	•	City/State and Zip Code			
	dr.sabrinaragsdale@gmail.c				
	E-mail address: (to be used for future annual report not	tification)		
For further information	concerning this matter, please c	all:			
Sabrina Ragsdale		817 673-0442 at () _			
Name	of Person	Area Code Daytin	ne 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 Se Division of Co The Centre of	rporations		

Tallahassee, FL 32303

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

ARTICLES	FO	
		20
	ORGANIZATION	1240 M
	OF	
		. 60
Sabrina Equine and Animal Chiropractic LLC		Att 1
(Name of the Limited Liability Come (A Florida Limited	oany as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y ware filed on July 29, 2024	and assigned
	y were med on	and assigned
Florida document number L24000334209		
This amendment is submitted to amend the following:		
This amendment is submitted to afficied the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
-		
	Ph. 25 19.31 1 2 43	I cm d 11 dd cm
The new name must be distinguishable and contain the words "Limited Liab	onlity Company," the designation "I	LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-
Trincipal Office dataress MOST DE 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, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	, City	Florida
	•	-
New Registered Agent's Signature, if changing Registered Agen	<u>Li</u>	

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>	Address	Type of Action
MGR	Sabrina Ragsdale	5107 51st Way West Palm Beach, Florida 33409	= Add
		Ola Ragsdale	= Remove
		14125 Meadow Grove Dr. Haslet, Texas 76052	□ Change
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	····
(If an el Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	September 5 2024 Signature of a member or authorized representative of a member
	Sabrina Ragsdale
	Typed or printed name of signee