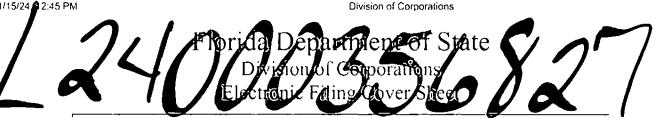
11/15/24 2:45 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000380426 3)))



H240003804263ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

 $rac{1}{2}$ the email address for this business entity to be used for future Sannual report mailings. Enter only one email address please.**

-Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAYERS FAMILY CHIROPRACTIC, PLLC

K. SALY NOV 18 2024

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

Registration Section

TQ:

COVER LETTER

Đivi	ision of Cor	porations					
SHRIECT	SAYERS F	FAMILY CHIROPRACTIC, P	LLC				
SUBJECT: Name of Limited Liability Company							
The enclosed	Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Mike Town					
	Name of Person						
		Legalzoom.com. Inc.					
	Firm/Company						
	9900 Spectrum Dr						
			Address				
		Austin, TX 78717					
	City/State and Zip Code						
		sayers/amilychiropractic@gmail.com					
		E-mail address: (to be used for future annual report notif	rication)			
For further in	formation c	oncerning this matter, please co	all:				
Mike Town			800 773-0888				
Name of Person		at () Area Code Daytime	e Telephone Number				
Enclosed is a	check for th	ne following amount:					
□ \$25.00 Fi		☐ \$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 fadditional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 15 PM 5: 10

FALLAHASSET. FLOORIS

SAYERS FAMILY CHIROPRACTIC, PLLC	AHASSET EN CA				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	articles of Organization for this Limited Liability Company were filed on and assigned and assigned la document number L24000356827				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ality company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	95770 Amelia Concourse				
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beuch, Fl. 32034				
Enter new mailing address, if applicable:	95770 Amelia Concourse				
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, FL 32034				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:					
	Enter Florida street address				
	. Florida				
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	SAYER, TREVOR F		□ Add
		78 FLINTROCK RD BARNSTABLE, MA 02630	≅ Remove
			□ Change
AMBR	Trevor F Sayers	79326 Plummers Creek Dr. Yulee, FL 32097	
			□ Remove
			Change
AMBR	SUTHERLA, KIRSTEN L		Add
		78 FLINTROCK RD BARNSTABLE, MA 02630	■ Remove
			Change
AMBR	Kirsten L Sutherland	79326 Plummers Creek Dr. Yulee, FL 32097	Add
			□ Remove
			☐ Change
			TALLAHASSER FLORID:
			□ Remove □ Change

To:

Page 3 of 3

Filing Fee: \$25.00