P1100038016

(Re	questor's Name)	
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R. WHITE

15 SEP 23 - MH 156

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	ON: FAMILY CHIROP	RACTIC INC			
DOCUMENT NUMBER:	P11000038016				
The enclosed Articles of An	nendment and fee are sui	omitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
FRA	NCES COLON				
	····· · · · · · · · · · · · · · · · ·	Name of Contact Person			
FAM	FAMILY CHIROPRACTIC INC				
		Firm/ Company			
9586	NW 41st STREET				
Address					
DOR	RAL, FL 33178				
		City/ State and Zip Code	\$		
francescol	on@prmail.net	,			
	E-mail address: (to be us	ed for future annual report	notification)		
Frances Colon			477-6366		
		ut (305	l e Davis Talabas Number		
Name of Cor	ntact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the f	following amount made p	ayable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Division of P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		

Articles of Amendment to

Articles of Incorporation of

FILE

15 SEP 28 AMTH: 58

FAMILY CHIROPRACTIC INC	the filed with the Florida Dark Lof Ctotal		
P11000038016	tly filed with the Florida Dept. of State), FLORIDA		
	of Corporation (if known)		
	•		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:			
FAMILY CHIROPRACTIC & WELLNESS CENTER, INC	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	9500 NW 41st STREET, STE 1000		
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178		
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	9500 NW 41st STREET, STE 1000		
(Mutting duaress MAT BE A FOST OFFICE BOX)	DORAL, FL 33178		
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address			
Name of New Registered Agent			
the section of the se	and others.		
(rioriaa s	treet address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	(Lify Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar			
	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
t) Change			
Add			*****
Remove			
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
6) 61			
5) Change			
Add			
Remove			
6) Change	***************************************		
Remove			

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an amendment provides	· for an arabanas v	nalassifiaatlan s	n aanaallation af	'iranad ahaura	
ovisions for implementi	ing the amendment	if not contained	in the amendme	ent itself:	
(if not applicable, indi	cate N/A)				
					-
	a mineral adentities of tracking the contraction was to		<u> </u>		
			······································		

The date of each amendment(s) a date this document was signed.	doption;	, if other than the
_	15/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
09/15/201 Dated	Tures Colon	
selecte	ifector, president or other officer if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	FRANCES COLON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	