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COVER LETTER

	Division of Corporations						
	NAME OF CORPORATION: Spinal Corrective Chiropractic Center, DOCUMENT NUMBER: \$\frac{130000}{90548}						
	The enclosed Articles of Amendment and fee are submitted for filing.						
	Please return all correspondence concerning this matter to the following:						
	Louise Palagano Name of Contact Person						
	Spinal Corrective Chiropractic Center, P.A.						
	Spinal Corrective Chiropractic Center, P.A. 1425 Tuskawilla Road, Ste 153						
	Winter Springs, FL, 32708 City/ State and Zip Code						
	DR LOUISE PALAGANO @ gmail, com E-mail address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:						
	Louise Palagano at 407, 361-4749						
	Name of Contact Person Area Code & Daytime Telephone Number						
	Enclosed is a check for the following amount made payable to the Florida Department of State:						
•	\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						

Mailing Address
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorpor	ration
(Name of Corporation as currently filed with the Florid	practic Center, P.A.
P13000090548	
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Louise Palagano D. C. name must be distinguishable and contain the word "corporation," "	P, A. The new company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	V/A
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: Name of New Registered Agent	Florida, enter the name of the
New Registered Office Address: New Registered Office Address: (City)	dress) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an Signature of New Registered Agent,	

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address /
1) Change	NIA	N/A	N/A
Add	17		
Remove			
2) Change	NA	N/A	NIA
Add	- - 		
Remove	110	, 1.	
3) Change	NIA	N/A	N/A
Add	,	1	<u> </u>
Remove		,	
4) Change	NA	N/A	N/A
Add	1	1	
Remove	,	1	
5) Change	NA	NA	NA
Add	7		
Remove			
6) Change	NA	N/A	N/A
Add	7'		
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issu-	od chares
provisions for implementing the amendment if not contained in the amendment it	colf.
(if not applicable, indicate N/A)	SCII.
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for 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	ement
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Palaçano D.C. (By a director, president or other officer—if directors or officers have not bee selected, by an incorporator—if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Louise Palagano, [(Typed or printed name of person signing)).C.
President	
(Title of person signing)	