## P13000/022-19

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

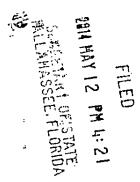
Office Use Only



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5/2/14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Florida	Health and We	ellness Chiropractic Inc.
DOCUMENT NUMBER: P1300010221	9	·
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this mat	ter to the following:	
Barak Meraz		
	Name of Contact P	erson
South Florida hea	alth and Well	ness Chiropractic Inc.
	Firm/ Compan	<del></del>
6220 N. Federal I	Hwy	
	Address	
Fort Lauderdale	FL 33308	
**************************************	City/ State and Zip	Code
drbarakmeraz@gmai	l com	
E-mail address: (to be us		mort potification)
I man amends, (10 00 as	CG 101 10001C Militari 1C	
For further information concerning this matter, pleas	e call:	
Barak Meraz	516	, 395-4882
Name of Contact Person		a Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida	Department of State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Di Cli 26	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, FL 32301

## Articles of Amendment to

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	of	or portation	, , -	. 1.: 21
South Florida health and	d Wellness Chiron	ractic Inc.	2914 MAY 12 PI	л ч <sup>. –</sup>
	s currently filed with the FI		D STATE TART OF THE SEE	PH ORIDA
P13000102219			THE SEE	, 1 6
(Docume	nt Number of Corporation (if	known)	10	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corpo	vration adopts the folio	wing amendment(
. <u>If amending name, enter the new name</u> Carpe Diem Chiropraction				The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professiona	"incorporated" or th I corporation name m	e abbreviation
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A		. <u>.</u>
Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	N/A		
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			the name of the	
	(Florida stree	et address)		
	N/A		Florida	
New Registered Office Address:	(City)		(Zip Code)	

Signature of New 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	PT	John Do	<u>«</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change			N/A	N/A
Add Remove				
2) Change		<u></u>		
Add				
Remove 3) Change				
Add	<del></del>	<del></del>		
Remove				
4) Change		_		
Add				
5) Change		_		
Add		_		
Remove				
6) Change	<del></del>	<del>-</del>		<del></del>
Add				
TTT VELLOAG				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Α	
	<u></u>
	·
· · ·	
If an amendment provides for an exch provisions for implementing the ame	nance, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

The date of each amendmen		_, if other than the
date this document was signe	d.	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/was/was/was/was.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wasction was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_05/	07/2014	
Signature _	Barak Meraz	
() s	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Barak Meraz	
	(Typed or printed name of person signing)	<del>*</del>
	Owner/President	
	(Title of person signing)	<del></del>