P190000 60068

(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:

Office Use Only



500334304845

09/16/19--01026--020 **85.00

C GOLDEN SEP 2 6 2019

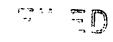
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	CENTERS OF SOUTH FL	ORIDA INC.
	BER:		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Veronica Trollerud		
		Name of Contact Person	n
	Chiropractic Centers of Sout	h Florida Inc.	
		Firm/ Company	
	430 S dixie hwy suite 211	- · · · · · · · · · · · · · · · · · · ·	
		Address	
	coral, gables FL 33146		
		City/ State and Zip Cod	e
veroi	nica@infinitygroup-usa.com		
		sed for future annual report	notification)
	·	·	,
For further information	on concerning this matter, pleas	se call:	
Veronica Trollerud		305 at (546-0872
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made		
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2019 SEP 16 AM 9:08

CHIROPRACTIC CENTERS OF SOUTH FLORIDA INC.

(Name of Corporation as currently filed wit	h the Florida Dept. of State)
P1900060068	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "comp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A p. word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
, 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flo	ida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and ac	cept the obligations of the position.
Signature of New Registered :	tgent, 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		
<u>X</u> Add	<u>sv</u>	<u>Sally Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Infinity Group USA LLC	430 S Dixie Hwy	
X Add			Suite 211	
Remove			Coral Gables, FL 33146	
2) Change	P	Veronica Trollerud	430 S. DIXIE HWY	
Add			Coral Gables, FL 33146	
X Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Pamaya				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
igh amandmant menudae tae an as at	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

. •	7/23/19
The date of each amendment(s) adopt	tion:, if other than the
date this document was signed.	
9/1/19	
Effective date if applicable:	(no more than 90 days after amendment file date)
	tho more than 90 days after amenament fite dater
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopted by the shareholders was/were suffici	the shareholders. The number of votes cast for the amendment(s) fent for approval.
	ed by the shareholders through voting groups. The following statement h 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	tvoting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
8/28/19 Dated	
Signature	JU JU W
	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed (fiduciary by that fiduciary)
Ver	ronica Trollerud
	(Typed or printed name of person signing)
p	
	(Title of person signing)