

LOG000001116

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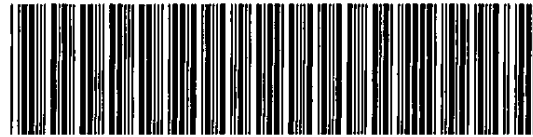
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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J. BRYAN SEP - 5 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy D. Permenter, Jr., Esquire

(Name of Person)

The Permenter Law Firm, P.A.

(Firm/Company)

2603 S.E. 17th Street, Suite B

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

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For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire at ( 352 ) 622-1811

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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  
(additional 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**

**BRUCE CHIROPRACTIC AND COMPREHENSIVE CARE, PLLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on January 4, 2006 and assigned document number L06000001116.

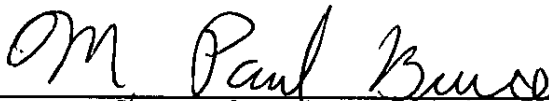
**SECOND:** This amendment is submitted to amend the following:

The principal office and mailing address of the Company has changed to the  
following: 2135 S.W. 19th Avenue Road, Suite 101, Ocala, Florida 34474

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DIVISION OF CORPORATIONS  
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Dated August 30, 2006.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Michael Paul Bruce**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**