

LO9000101832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

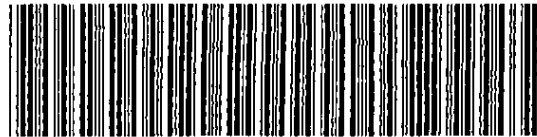
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mc/Amend

Office Use Only



200245089862

02/26/13--01019--003 \*\*25.00

FILED  
2013 FEB 26 AM 8:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
FEB 27 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **6107 REHAB CENTER, LLC**  
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:

**YOSMANY CUELLAR**

Name of Person

**6107 REHAB CENTER, LLC**

Firm/Company

**3430 W LAMBRIGHT ST STE 104**

Address

**TAMPA FL 33614**

City/State and Zip Code

**CUELLARYOSMANY@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**YOSMANY CUELLAR**

Name of Person

at ( **813** ) **300-3243**

Area Code & Daytime Telephone Number

FILED  
2013 FEB 26 AM 8:22  
CLERK OF COURT  
TALLAHASSEE, FL 32301

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**

6107 REHAB CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/21/2009 and assigned  
Florida document number L09000101832.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

WELLNESS AND RELAXATION CENTER, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3430 W LAMBRIGHT ST

STE 104

TAMPA FL 33614

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3430 W LAMBRIGHT ST

STE 104

TAMPA FL 33614

FILED  
2013 FEB 26 AM 8:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: YOSMANY CUELLAR

New Registered Office Address: 3430 W LAMBRIGHT ST STE 104

*Enter Florida street address*

TAMPA

*City*

Florida 33614

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YOSMANY CUELLAR	3430 W LAMBRIGHT ST	<input type="checkbox"/> Add
		STE 104	<input type="checkbox"/> Remove
		TAMPA FL 33614	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FL 32399-0000  
 2018 FEB 26 AM 8:22  
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

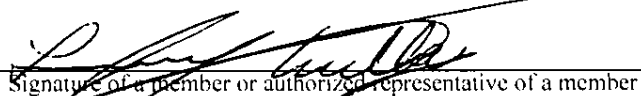
---

---

---

---

Dated FEB, 15, 2013

  
Signature of a member or authorized representative of a member

YOSMANY CUELLAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00