

L02UUU4587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

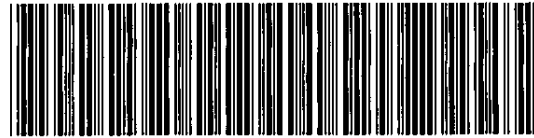
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L0814UUU46332

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08/18/08--01002--007 **55.00

08/25/08--01003--013 **5.00

RECEIVED
08 AUG 15 PM 12:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG 22 PM 3:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 25 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

South Broward Rehab
Services LLC

FILED
08 AUG 22 PM 3:25
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☒ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: Seth 8/15 1:30
Name Date Time

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: SOUTH BROWARD REHAB SERVICES LLC
Ref. Number: L02000004587

FILED
08 AUG 22 PM 3:25
TALLAHASSEE, FLORIDA
RECEIVED
AUG 22 PM 12:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SOUTH BROWARD REHAB SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$55.00 payment.

The CORPORATION AMENMENT form cannot be accepted for an LLC. Please resubmit your filing using an Certificate of Amendment for a Florida Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 108A00046332

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

South Broward Rehab Services LLC

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

FILED
08 AUG 22 PM 3:25
TALLAHASSEE, FLORIDA
CLERK OF STATE

The Articles of Organization for this Limited Liability Company were filed on 02/26/2002 and assigned
Florida document number L 02000004587

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Benjamin A. Valdes

New Registered Office Address:

1720 SW 104 Avenue

(Enter Florida street address)

miami

(City)

Florida

33165

(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.

Benjamin A. Valdes
(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	Aymara Sam	401 NW 107 Avenue Miami, FL 33172	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Benjamin A. Valdes	1720 SW 104 Avenue Miami, FL 33165	<input checked="" type="checkbox"/> Add <input checked="" 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

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

Dated 8/21, 2008

Aymara Sam Benjamin A. Valdes
Signature of a member or authorized representative of a member
Aymara Sam Benjamin A. Valdes
Typed or printed name of signee