

L03000007767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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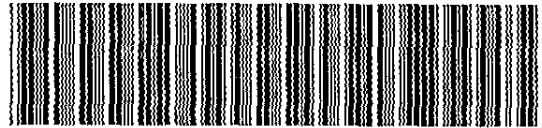
(Business Entity Name)

(Document Number)

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Dr. Marlon Pereira  
Orthopaedic and Spine Rehab of South Florida, LLC  
1217 SW 150 Place  
Miami, FL 33194

305-491-4395

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orthopaedic and Spine Rehab of South Florida, 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:

Marion F. Pereira  
(Name of Person)

Orthopaedic and Spine Rehab of South Florida, LLC  
(Firm/Company)

1217 SW 150 Place  
(Address)

Miami, FL 33194  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Marion F. Pereira at ( 305 ) 491-4395  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Orthopaedic and Spine Rehab of South Florida, LLC

(Present Name)  
(A Florida Limited Liability Company)

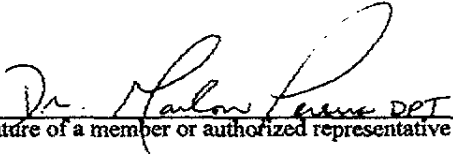
**FIRST:** The Articles of Organization were filed on March 4, 2003 and assigned document number L03000007767.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Marlon F. Pereira, managing member of Orthopaedic and Spine Rehab of South Florida, completed his Doctor of Physical Therapy degree in April of 2004. This amendment is to add the prefix and suffix to his name to read " Dr. Marlon Pereira, DPT " If you have any questions please don't hesitate to contact us. Thank you

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Dated August 2, 2004

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

Dr. Marlon Pereira

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

**Filing Fee: \$25.00**