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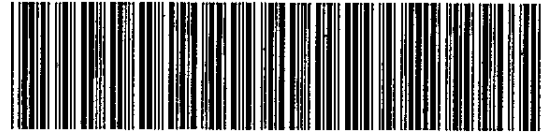
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TRANSMITTAL LETTER

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:

Dr. Marlon 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:

Marlon Pereira

(Name of Person)

at (305)

491-4395

(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)

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

TALLAHASSEE, FLORIDA

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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:

The Managing members of this Limited Liability ~~Company~~ are being changed from: Marlon Pereira, DPT and Matthew St. Aimee, PT to:

1) MP Rehab Specialists, Corp. (owned by Marlon Pereira, DPT) and

2) MWSPT Rehab, Corp. (owned by Matthew St. Aimee, PT)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Dated 11-08, 2004.



Signature of a member or authorized representative of a member

Marlon Pereira, DPT

Typed or printed name of signee

Filing Fee: \$25.00