

Feb-28-05 11:36P

Division of Corporations

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Florida Department of State
Division of Corporations
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MJM

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BASIC ACCOUNTING SERVICES
Account Number : 120020000083
Phone : (305)887-4185
Fax Number : (305)887-5018

604-74487

LIMITED LIABILITY AMENDMENT

FLEXOR THERAPY LLC

Certificate of Status	0
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Page Count	03
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TRANSMITTAL LETTER

TO: Registration Secuon
Division of Corporations

SUBJECT: FLEXOR THERAPY 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:

TAMER SABRY
(Name of Person)

FLEXOR THERAPY LLC
(Firm/Company)

4311 PALM AVE # 3
(Address)

HIALEAH, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMER SABRY
(Name of Person)

at (786) 357-5243
(Area Code & Daytime Telephone Number)



Raquel B. Mendez
Commission # DD270124
Expires: Nov. 25, 2007
Notary Public
1-800-350-5141

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLEXOR THERAPY LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/13/2004 and assigned
document number L04000074487.

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

ARTICLE III THE NEW REGISTERED AGENT WILL BE TAMER SABRY
1508 BAY ROAD SUITE 561
MIAMI BEACH, FL 33139

I ACCEPT THE RESPONSABILITIES AS A NEW REGISTERED AGENT FOR SAID LIMITED
LIABILITY CORPORATION:

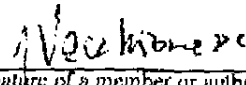

TAMER SABRY

ARTICLE IV: MANAGER(S)

DEL: JAMIE VECCHIONE
1041 SOUTH PARK RD # 209
HOLLYWOOD, FL 33021

ADD: TAMER SABRY
1508 BAY ROAD SUITE 561
MIAMI BEACH, FL 33139

Dated 25 FEBRUARY, 2005


Signature of a member or authorized representative of a member

JAMIE VECCHIONE

Typed or printed name of signer



Raquel B. Mendez
Commission # 00279124
Expires: Nov. 23, 2007
Aaron Notary
1-800-330-5167

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