## 10400090536

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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J. SAULSBERRY EXAMINER

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	Sunshine medica	l rehabilitation cen	ter IIc	_		
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		Regino Garcia		<del></del>		
		Name of Person				
		Firm/Company		_		
		9003 w Cluster ave		_ 53 .	21	
		Address			81 AON 0102	enter p.c.
		Tampa, FL 33615			2	e e e e e e e e e e e e e e e e e e e
		City/State and Zip Code			$\frac{\infty}{\infty}$	) Introduction
	re	ggar69@yahoo.com			H	- E
	E-mail address: (1	o be used for future annual repo	rt notification)	1985	ယ္	4.
For further information of	concerning this matter, please c	all:		स्क्रिकी क्षेत्र	09	
Re	egino Garcia	at ( 813 )	391-4949			
Name o	of Person	Area Code &	Daytime Telephone Numb	er		
Enclosed is a check for t	he following amount:					
<b>√</b> ] \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certific	filing Fee cate of Sta ed Copy onal copy	atus &	osed)

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

Sunshin (Name of the Limite	e medical rehabilitation ce d Liability Company as it now appear A Florida Limited Liability Company)	enter IIC rs on our records.			
The Articles of Organization for this Limited	and assigned				
Florida document number L0400009	90536				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liability company her	<u>'e</u> :			
The new name must be distinguishable and end w	rith the words "Limited Liability Compa	ny," the designation "I			
Enter new principal offices address, if appli	icable:	i f	2010 NOV		
Principal office address MUST BE A STRE	ET ADDRESS)				
			TO T		
Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE	Z POVI		505 3: 3: 1: 1 15		
Maning waters MAT DEAT OFF OFFICE			10.11		
3. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Regino Garcia				
New Registered Office Address:	3309 w Waters ave, Suite B  Enter Florida street address				
	Em Tampa		00044		
	City	, Florida	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

Page 1 of 2

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 **Type of Action** <u>Title</u> **Address Name** Regino Garcia 3309 w Waters ave, Suite B Tampa FL 33614 ✓ Add Remove Yosvany Moran ☐ Add 3309 w Waters ave, Suite B Remove Tampa FL 33614 □ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15 2010 Dated Signature of a member or authorized representative of a member Regino Garcia Typed or printed name of signee

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Filing Fee: \$25.00