L04000190536

(Re	equestor's Name)			
(Ad	dress)			
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D. BRUCE

DEC 0 6 2011

EXAMINER

NO #



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2011

ALINA R REYES 3309 W WATER AVE, SUITE B TAMPA, FL 33614

SUBJECT: SUNSHINE MEDICAL REHABILITATION CENTER, LLC

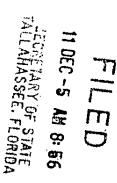
Ref. Number: L04000090536

·We have received your document for SUNSHINE MEDICAL REHABILITATION CENTER, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00026388



COVER LETTER

Division of Co	orporations		•		
SUBJECT: SUN	ISHINE MEDICAL R	REHABILITATION C	CENTER LLC		
		ited Liability Company		_	
		•		•	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			• •
Place return all correct	ondence concerning this matte	r to the following:			
r lease return an corresp	ondence concerning this make	to the following.			
•		ALINA R REYES			
		Name of Person			
	Sunshine M	edical Rehabilitation C	Center LLC		
		Firm/Company		_	
			_		
	33	09 W Water Ave Suit I	<u> </u>	_	
		Address			
		Tampa fl 33614		Ž.	
		City/State and Zip Code			
•	la	_china71@yahoo.com	1		7
	E-mail address: (to be used for future annual repo	ort notification)	SSS SSS	-
For further information	concerning this matter, please	call:		£. €. X. €.	
Α	lina R Reyes	at (813)	915-0692	S S S (O
	of Person		Daytime Telephone Num	ber 5m 6	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclos	sed)

MAILING ADDRESS:

TO:

Registration Section

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

SUNSHINE MEDICAL REHABILITATION CENTER LLC

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

The Articles of Organization for this Limited L Florida document number L0400009		12/15/2004	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company h	ere:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applic	able:	****	
(Principal office address MUST BE A STREE	T ADDRESS)	22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/		ASSEE FLORIDA	e name of the new
registered agent and/or the new registered of		our records, enter th	e name of the new
Name of New Registered Agent:	ALINA R REYES		
New Registered Office Address:	3309 W WATERS AVE S	UIT B	
	Enter Florida street address		
	TAMPA	, Florida	FL 33614
	City		Zip Code
New Registered Agent's Signature, if changing I	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

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>	Address	Type of Action
MGR .	ALINA R REYES	3309 W WATERS AVE SUIT B TAMPA FL 33614	Add ☐ Remove
•			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	TI DEC
_			-5 M 8: 86
Dated	November 17 ,	2011	
-	Signature of a n		
		ALINA R REYES Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00