

LDS000000681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

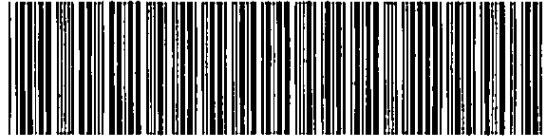
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 APR 13 PM 1:13

N. CAUSSEAU
APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL THERAPY & REHABILITATION SERVICES, 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:

MARC DOMB

Name of Person

PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC

Firm/Company

15251 PALMWOOD ROAD

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

marcbrian1@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC DOMB

Name of Person

at (561)

Area Code

315-6531

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

MARC DOMB
PROFESSIONAL THERAPY & REHABILITATION
15251 PALMWOOD ROAD
PALM BEACH GARDENS, FL 33410

SUBJECT: PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC
Ref. Number: L05000000681

We have received your document for PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The amendment form submitted is for a corporation not a Florida LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 818A00006900

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROFESSIONAL THERAPY & REHABILITATION SERVICES, LLC

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

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DIVISION OF CORPORATE & BUSINESS SERVICES
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The Articles of Organization for this Limited Liability Company were filed on JANUARY 3, 2005 and assigned Florida document number L05000000691

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15251 PALMWOOD ROAD

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5500 MILITARY TRAIL

22-315

JUPITER, FL 33458

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARC DOMB

New Registered Office Address:

15251 PALMWOOD ROAD

Enter Florida street address

PALM BEACH GARDENS

City

Florida

33410

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PROFESSIONAL THERAPY & REHAB SERVICES, INC	5725 CORPORATE WAY	<input type="checkbox"/> Add
		SUITE # 108	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change
MGR	NURSING SOLUTIONS INTERNATIONAL, INC	5725 CORPORATE WAY	<input type="checkbox"/> Add
		SUITE # 108	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change
MGR	MARC DAMB	15251 PALMWOOD ROAD	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

3/31/18

Walter T. S.

Signature of a member or authorized representative of a member

M172C DOM B

Typed or printed name of signee