

LOS000053220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

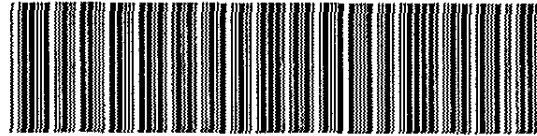
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Plus Medical & Rehabilitation Center, 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:

Aries Immigration & Accounting Services

(Name of Person)

Mirta M Garcia

(Firm/Company)

2027 West 62 Street

(Address)

Hialeah, Fl 33016

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mirta M Garcia

(Name of Person)

at (305) 362-3909

(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)

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**

Family Plus Medical & Rehabilitation Center, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/20/2006 and assigned document number L05000053220.

SECOND: This amendment is submitted to amend the following:

Article V (Members / Managers (ADD)

Title : MGR

Robert Rene

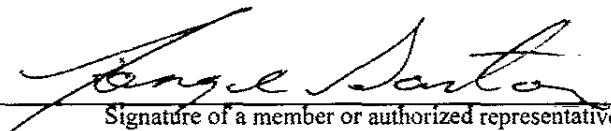
5040 NW 7 Street # 450

Miami, Fl 33126

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Dated 20 October, 2006.



Signature of a member or authorized representative of a member

Jorge Santos

Typed or printed name of signee