

LD6000108613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

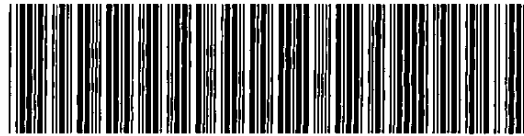
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100115740341

01/25/08--01013--015 **25.00

2008 JAN 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JAN 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUST CARE PAIN & REHABILITATION CENTER
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAIAH SCHNEIDER
(Name of Person)

JUST CARE PAIN & REHABILITATION CENTER
(Firm/Company)

(Address)

(City/State and Zip Code)

FILED
2000 JAN 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SAIAH SCHNEIDER at (954) 817-5496
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUST CARE PAIN & REHABILITATION CENTER LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on NOV 8 2006 and assigned document number 206000108613

SECOND: This amendment is submitted to amend the following:

TO ARTICLE IV ; MGRM

CHRISTOPHER PETRIE MGRM

1226 N. PINE HILLS

ORLANDO , FL 32808

IN REPLACEMENT OF VIRGINIA PHAM MGRM.

2007 JAN 25 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated OCTOBER 8, 2007.


Signature of a member or authorized representative of a member

VIRGINIA PHAM AP

Typed or printed name of signee

CHRISTOPHER J. PETRIE A.P.