L16000108613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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)

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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 L06000108613

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.

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TALLAHASSEE, FLORIDA
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Dated OCTOBER 8, 2007.

Signature of a member or authorized representative of a member

VIRGINIA PHAM AP Christopher J. Petrie A.P.
Typed or printed name of signee

Filing Fee: $25.00