

LO8000018170

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

LO8-18170

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR - 4 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: InjuryCenter.Net 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:

Joseph M. Grant, Esq.
(Name of Person)

The Kopelowitz Ostrow Firm, P.A.
(Firm/Company)

200 S.W. 1st Ave.
(Address)

Fort Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. Grant, Esq. at (954) 525-4100
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2008

JOSEPH M. GRANT, ESQ.
THE KOPELOWITZ OSTROW FIRM, P.A.
200 S.W. 1ST AVENUE
FORT LAUDERDALE, FL 33301

SUBJECT: INJURYCENTER.NET LLC
Ref. Number: L08000018170

We have received your document for INJURYCENTER.NET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00017344

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

08 APR -4 PM 2:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

InjuryCenter.Net 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 Liability Company were filed on February 19, 2008 and assigned
Florida document number L08000018170.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

New Registered Office Address:

(Enter Florida street address)

, Florida

(City)

(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 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:

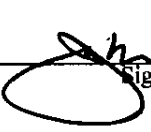
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Austin M. Moore	5900 N. Plum Bay Parkway Tamarac, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mervyn A. Moore	5900 N. Plum Bay Parkway Tamarac, FL 33321 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ronald Wechsel	5900 N. Plum Bay Parkway Tamarac, FL 33321	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ron Wechsel	5900 N. Plum Bay Parkway Tamarac, FL 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 TALLAHASSEE FLORIDA

Dated _____


 Signature of a member or authorized representative of a member
 Joseph M. Grant, Esq.
 Typed or printed name of signee