

L0800002489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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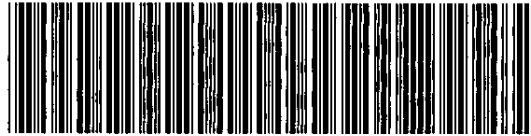
Special Instructions to Filing Officer:

**A. LUNT**

**MAR 17 2009**

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUPERIOR INJURY 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:

ANDREW FRANK, MD  
(Name of Person)

SUPERIOR INJURY CENTER  
(Firm/Company)

1943 W. MLK JR BLVD  
(Address)

TAMPA, FL 33607  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOSE RIVERON at 813, 870-6370  
(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

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

SUPERIOR INJURY CENTER, 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 11/03/2008 and assigned Florida document number L08000102489.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

JOSE RIVERON

New Registered Office Address:

1943 W. MARTIN LUTHER KING JR BLVD

(Enter Florida street address)

TAMPA

(City)

Florida 33607

(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)

**MGR = Manager**  
**MGRM = Managing Member**

<u>MGR</u>	<u>ANDREW FRANK, MD</u>	<u>1775 CALLAIS DR #5</u>	<input type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33141</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>JOSE RIVERON</u>	<u>1943 W. MLK BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33607</u>	<input type="checkbox"/> Remove

MGRM ANDREW FRANK, MD 1943 W. MCK BLVD TAMPA, FL 33607 ☒ Add ☐ Remove

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Add  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WE ARE ADDING JOSE RIVERON AS THE MANAGER  
AND CHANGING DR. FRANK TO A MANAGING  
MEMBER. ALSO, THE ADDRESS FOR DR. FRANK  
IS CHANGING.

Signature of a member or authorized representative of a member

JOSE RIVERON

Typed or printed name of signee