19000023559

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MAY 11 2009

EXAMINER



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05/08/09--01008--013 **25.00

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

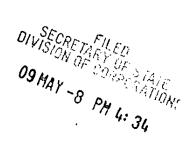
SUBJECT: WEST	THERAPY INSTITU					
	(Name of Lim	nited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	WALT	ER BORJAS				
		(Name of Person)				
WEST THERAPY INSTITUTE LLC						
(Firm/Company)						
2901 W. BUSCH BLVD 204A						
		(Address)				
	TAMPA,	, FLORIDA, 33618				
		(City/State and Zip Code)				
For further information of	concerning this matter, please c	all:				
WALTER BORJAS		at (813) 810-9204				
(Name	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the	_					
☑ \$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



	THERAPY INSTI		•	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 03/10/09	and assigned	
Florida document number L09000023559	<u> </u>			
This amendment is submitted to amend the fol	lowing:		,	
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:	2901 W. BUSCH BLVD STE204A		
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FLORIDA, 336	518	
Enter new mailing address, if applicable:		2901 W. BUSCH BLVD	STE204A	
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FLORIDA, 33618		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	MALTER BOR	<u>e</u> :	ords, enter the name of the new	
rew Registered Office Audiess.			rida street address)	
	TAMPA,		, Florida <u>33618</u>	
		(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>	Address	Type of Action
MGRM	WALTER BORJAS	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	Add Remove
MGR	ORLANDO PORTAL	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	Add Remove
<u>P</u>	WALTER BORJAS	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	Add Remove
<u>D</u>	ORLANDO PORTAL	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	ry.)
_			
		2000	
Dated <u>APRI</u>		lember or authorized representative of a member	
		WALTER BORJAS	
		Typed or printed name of signee	

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Filing Fee: \$25.00