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EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY - 8 PM 4:34

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WEST THERAPY INSTITUTE 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:

WALTER 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 concerning this matter, please call:

WALTER BORJAS at ( 813 ) 810-9204  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY -8 PM 4:34

WEST THERAPY INSTITUTE 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 03/10/09 and assigned  
Florida document number L09000023559.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2901 W. BUSCH BLVD STE204A

TAMPA, FLORIDA, 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2901 W. BUSCH BLVD STE204A

TAMPA, FLORIDA, 33618

**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:

WALTER BORJAS

New Registered Office Address:

2901 W. BUSCH BLVD STE204A

*(Enter Florida street address)*

TAMPA,

*(City)*

Florida 33618

*(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	WALTER BORJAS	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ORLANDO PORTAL	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	WALTER BORJAS	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	ORLANDO PORTAL	2901 W. BUSCH BLVD STE204A TAMPA, FLORIDA, 33618	<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.)*

Dated APRIL 20

2009

Signature of a member or authorized representative of a member

WALTER BORJAS

Typed or printed name of signee