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J. BRYAN

DEC 1.0 2009

**EXAMINER** 

## **COVER LETTER**

	stration Section ion of Corporations		
SUBJECT:	WEST THERA	PY INSTITUTE, LLC	
	Name of Limite	ed Liability Company	
The enclosed	Articles of Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspondence concerning this matter t	to the following:	
	,	WALTER BORJAS	
		Name of Person	<del></del>
	WEST T	HERAPY INSTITUTE, LLC	
		Firm/Company	SECONO P
2901 W BUSCH BLVD SUITE 204 A			PILC -9 PH 2: 16 ECRETARY OF STATE LLAHASSEE. FLORID
		Address	SEL D
TAN		MPA, FLORIDA 33618	E. FL.
	City/State and Zip Code		ORIDE
	E-mail address: (to	be used for future annual report notificat	ion)
For further in	formation concerning this matter, please ca	II:	
	WALTER BORJAS	at ( 813 ) 93	32-5908
	Name of Person	Area Code & Daytime To	elephone Number
	check for the following amount:		
<b>✓</b> \$25.00 Fil	ing Fee \$\bigsim \\$30.00 Filing Fee &\bigsim 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	STREET/COURIER Registration Section	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVEO I	Highlig Company so it now appo	, LLU	<del></del>
(Name of the Limited	I Liability Company as it now appe A Florida Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limited L Florida document number L 0900002		03/10/2009	and assigned
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	-	ere:	FILE SECRETARY
	N/A		两星
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Comp	pany," the designation "L	LC" of the abbreviation
Enter new principal offices address, if applie	cable: N/A		<del></del>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	N/A BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter t</u>	ne name of the new
<del>,                                    </del>	NI/A		
New Registered Office Address:	N/A	nter Florida street addi	*066
	Enter Frontau street address		
		, Florida	7: 0 1
	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 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
D	ORLANDO PORTAL	2901 W BUSCH BLVD STE 204 A TAMPA, FLORIDA 33618	Add ✓ Remove
<u>D</u>	JORGE RODRIGUEZ-Lorenzo	2901 W BUSCH BLVD STE 204 A TAMPA, FLORIDA 33618	✓ Add □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.	)
- -			09 DEC -
-			PH 2: 16
Dated	NOVEMBER 18 , 200	or authorized representative of a member	- 6 - 6
	Wat	Ter Borjas r printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00