

L 09 000024001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

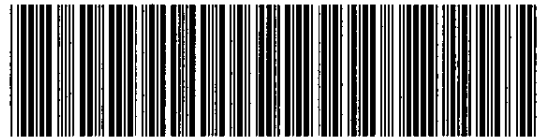
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300166274883

01/21/10--01044--005 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 PM 1:56

T. HAMPTON

JAN 22 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: I. R. C. (Integral Rehabilitation 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:

Julio Martinez  
Name of Person

I R C.  
Firm/Company

6802 W. Hillsborough Ave #13  
Address

Tampa FL 33634  
City/State and Zip Code

N/A  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Martinez at (813) 881 1747  
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

I.R.C. I.R.C. (INTEGRAL REHABILITATION CENTER), LLC  
Integral Rehabilitation 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 03/11/2009 and assigned  
Florida document number 209000024001.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 PM 1:56

**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:

Leanne M Silverman

New Registered Office Address:

0802 W. Hillsborough Ave, Suite 13

Enter Florida street address

Tampa, Florida 33634  
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.

Leanne M Silverman  
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	yandy Rodriguez Salina	6802 w. Hillsborough Ave Suite 13 Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Leanne M. Silverman	6802 w. Hillsborough Ave Suite 13 Tampa, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Julio Martinez	6802 w. Hillsborough Ave Suite 13 Tampa, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Noel Sarduy Corderas	6802 w. Hillsborough Ave Suite 13 Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 JAN 21 PM 1:56

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated 1 / 13, 2010

Leanne M. Silverman  
Signature of a member or authorized representative of a member

Leanne M. Silverman  
Typed or printed name of signee