

# L09000028224

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

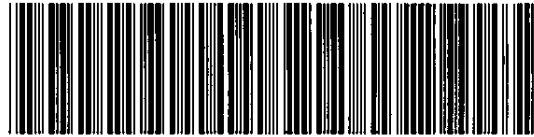
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400155657534

05/08/09--01008--023 \*\*25.00

FILED  
2009 MAY -8 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 11 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MAIN REHAB 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:

WALTER BORJAS

(Name of Person)

MAIN REHAB CENTER LLC

(Firm/Company)

6301 MEMORIAL HWY STE 101

(Address)

TAMPA, FLORIDA, 33615

(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**

**2009 MAY -8 PM 2:12**

MAIN REHAB CENTER LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 03/23/09 and assigned  
Florida document number L09000028224.

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:

6301 MEMORIAL HWY STE 101

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FLORIDA, 33615

Enter new mailing address, if applicable:

6301 MEMORIAL HWY STE 101

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FLORIDA, 33615

**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:

6301 MEMORIAL HWY STE 101

*(Enter Florida street address)*

TAMPA,

*(City)*

, Florida 33615

*(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>
MGR	OSLAY ACOSTA MIGUEL	6301 MEMORIAL HWY STE 101 TAMPA, FLORIDA, 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	WALTER BORJAS	6301 MEMORIAL HWY STE 101 TAMPA, FLORIDA, 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	WALTER BORJAS	6301 MEMORIAL HWY STE 101 TAMPA, FLORIDA, 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	OSLAY ACOSTA MIGUEL	6301 MEMORIAL HWY STE 101 TAMPA, FLORIDA, 33615	<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

FILED  
2009 MAY -8 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA