

LO9000031075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

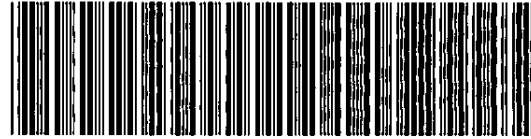
Special Instructions to Filing Officer:

A. LUNT

JUN 29 2010

EXAMINER

Office Use Only



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06/25/10--01015--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 28 AM 9:36

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Massage Medic
"Solutions for Your Pain"

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

6/22/2010

To whom it may concern:

I need to amend the managing member of Massage Medic Rehabilitation Center, LLC. I have included the necessary form and filing fee. Please do not hesitate to contact me with any questions.

Thank you,

Michelle Worth
Massage Medic
239-331-3624

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MASSAGEMEDIC 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:

MICHELLE WORTH

Name of Person

MESSAGE MEDIC REHABILITATION CENTER, LLC.

Firm/Company

14832 INDIGO LAKES CIR

Address

NAPLES, FL 34119

City/State and Zip Code

ARORIE01@HOTMAIL.COM

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

For further information concerning this matter, please call:

MICHELLE WORTH

Name of Person

at (239) 331-3624

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 28 AM 9:36

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MESSAGE MEDIC 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 03/30/2009 and assigned
Florida document number L09000031075.

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)

5187 TAMiami TRAIL NORTH

UNIT #2

NAPLES, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14832 INDIGO LAKES CIR

NAPLES, FL 34119

FILED
JUN 28 AM 9:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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:

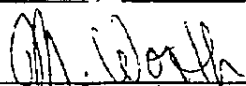
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHELLE WORTH	14832 INDIGO LAKES CIR. NAPLES, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AARON RORIE	14832 INDIGO LAKES CIR. NAPLES, FL 34119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHELLE WORTH	14832 INDIGO LAKES CIR. NAPLES, FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 06/24/10



Signature of a member or authorized representative of a member

MICHELLE WORTH

Typed or printed name of signee