# L09000122975

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SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON

FEB - 7 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: TLC Medical Rehab, 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:				
MARCOS VALON ZUELA CARBONE!				
Firm/Company				
P.O. Box 4679  Address				
Address				
TAMPA, FC 33677  City/State and Zin Code				
City/State and Zin Code  VA PENZUE A. MATCOS & GAHOO. COM  E-mail address: (to be used for future annual report norm cation)				
For further information concerning this matter, please call:				
MATCOS V CATBONE II at (8/3) 458 31/3  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\ \text{(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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

### RECEIVED

11 FEB -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 31, 2011

MARCOS VALENZUELA CARBONELL P O BOX 4679 TAMPA, FL 33677

SUBJECT: TLC MEDICAL REHAB, LLC

Ref. Number: L09000122975

We have received your document for TLC MEDICAL REHAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

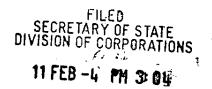
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 111A00002533

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TL	C M,EDICAL REHAB,LL	С	•	
(Name of the Limited (A	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	iability Company were filed on	1-15-2010	and assigned	
Florida document number L0900012	2975			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	,		
(Principal office address MUST BE A STREE	T ADDRESS)			
			•	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
	•			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on office address here:	our records, <u>enter (</u>	he name of the new	
Name of New Registered Agent:	MARCOS VALENZUELA CARBONELL			
New Registered Office Address:	829 W MARTIN LUTHER KING JR, SUITE 100			
	Enter Florida street address			
	TAMPA	, Florida	33603	
	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, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

, G

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address MGRM** SANTOS GREGORY 829 W MARTIN LUTHER KING JR 100 ☐ Add HERNANDEZ LAZARO MGR 829 W MARTIN LUTHER KING JR 100 ☐ Add ✓ Remove TAMPA FL 33603..... MGR MARCOS VALENZUELA 829 W MARTIN LUTHER KING JR 100 ☑ Add TAMPA\_FL 33603 \_\_\_\_\_ Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 25** 2011 Dated \_\_\_ Signature of a member or authorized representative of a member MARCOS VALENZUELA CARBONELL yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00