

L09000122975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
11 FEB -4 PM 3:09

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 VALENZUELA CARBONELL  
Name of Person

Firm/Company

P.O. Box 4679

Address

TAMPA, FL 33677

City/State and Zip Code

VALENZUELA.MARCOS@YAHOO.COM

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

For further information concerning this matter, please call:

MARCOS V CARBONELL at (813) 458 3113  
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



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB -4 PM 3:04

TLC MEDICAL REHAB, 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 1-15-2010 and assigned  
Florida document number L09000122975.

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)

**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:

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, 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	SANTOS GREGORY	829 W MARTIN LUTHER KING JR 100 TAMPA, FL 33603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HERNANDEZ LAZARO	829 W MARTIN LUTHER KING JR 100 TAMPA, FL 33603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARCOS VALENZUELA	829 W MARTIN LUTHER KING JR 100 TAMPA, FL 33603	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated JANUARY 25, 2011

Signature of a member or authorized representative of a member

MARCOS VALENZUELA CARBONELL

Typed or printed name of signee

FILED  
11 FEB -4 PM 3:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS