

L10000007309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

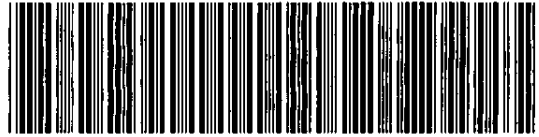
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300166969543

01/25/10--01042--022 **25.00

FILED
2010 JAN 25 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JAN 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST ORTHOPEDIC & REHABILITATION 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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA

Firm/Company

2499 GLADES ROAD SUITE 304

Address

BOCA RATON, FL 33431

City/State and Zip Code

jpmcpapa@bellsouth.net

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

For further information concerning this matter, please call:

JOHN P MILLER

Name of Person

at (561)

368-9777

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SOUTHWEST ORTHOPEDIC & REHABILITATION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2010 JAN 25 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/20/2010 and assigned
Florida document number L10000007309.

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)

307 VIA DE PALMAS

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

307 VIA DE PALMAS

BOCA RATON, FL 33432

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:

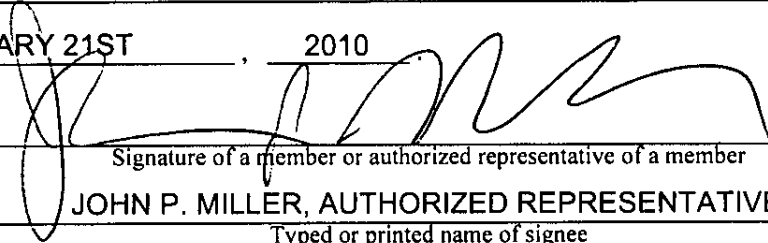
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEVEN R CANTOR	4773 LAKELAND DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEVEN GREENBURG	4773 LAKELAND DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEVEN R CANTOR	307 VIA DE PALMAS BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEVEN GREENBERG	307 VIA DE PALMAS BOCA RATON, FL 33432	<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 JANUARY 21ST, 2010


Signature of a member or authorized representative of a member

JOHN P. MILLER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

CLERK OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 25 PM 4:18

FILED