## 110000007350

	(Requestor's Name)	
	(Address)	
	(Address)	
***************************************	(City/State/Zip/Phone #	<del>/</del> )
PICK-UF	WAIT	MAIL
	(Business Entity Name	e)
	(Document Number)	
Certified Copies	Certificates o	of Status

Special Instructions to Filing Officer:

L. SELLERS

OCT 2 8 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

SUBJECT:		URY CENTER LLC			
	Name of Limite	ed Liability Company			
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.			
Please return all corresponde	ence concerning this matter t	to the following:			
			•		
	NA				
•	Name of Person				
	LIBERT				
		Firm/Company			
	7345 JACKSON SPRINGS RD STE A				
		Address			
	-	TAMPA, FL, 33634			
	City/State and Zip Code				
•	E-mail address: (to	MEONE@EMAIL.COM  be used for future annual report notified	cation)		
For further information cond	cerning this matter, please ca	<b>I</b> I:			
NAPTHAL Name of Pe	JE NARCISSE	at ( 813 ) 2 Area Code & Daytime	215-9000		
Name of Pe	erson	Area Code & Daytime	relephone Number		
Enclosed is a check for the f	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &		
* * * * 2*	Certificate of Status	(additional copy is enclosed)	Certified Copy		
47			(additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

(Name of the Limited )	IY INJURY CENTER L	LC		
(A F	iability Company as it now appea lorida Limited Liability Company)	is on our records.		
The Articles of Organization for this Limited Liab Florida document numberL100000073		01/20/2010	and assigne	ed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp.	any," the designation "L	LC" or the abbre	eviation
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	ne name of th	<u>ne nev</u>
Name of New Registered Agent:				U H
New Registered Office Address:	T.	4 Fl		randana Tananana
	Ex	ıter Florida street addr	· · · · · · · · · · · · · · · · · · ·	
	City	, Florida	Tools	
New Pegistered Agent's Signature if changing Pe	•		200 C	

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 Title Type of Action Address Name MGR REINALDO CORDERO 30562 SCOTT ST ☐ Add √ Remove TAMPA, FL, 33634 MGR OSCAR VALDEZ FERRER 8023 SHAW DRIVE ✓ Add TAMPA, FL, 33615.... ☐ Remove □ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER 18 2010 · Napthale Signature of a member or authorized representative of a member NAPTHALIE NARCISSE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00