

L10000019038

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000122989 3)))



H100001229893ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : I20000000291
Phone : (407) 847-7466
Fax Number : (608) 399-1028

L. SELLERS
MAY 25 2010
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 MAY 25 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
911 REO REHAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 AM 8:09

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H10000122989 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **911 Reo 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:

Candy McDonah

Name of Person

Swart Baumruk & Company LLP

Firm/Company

1101 Miranda Lane

Address

Kissimmee, FL 34741

City/State and Zip Code

taxes@sb-cpa.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candy McDonah

Name of Person

at (**407**) **847-7466**

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
Citron Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H10000122989 3)))

FILED
19 MAY 25 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H10000122989 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

911 Reo 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 2/19/10 and assigned
Florida document number L10000019038.

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:

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

Page 1 of 2

(((H10000122989 3)))

(((H10000122989 3)))

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:

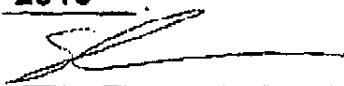
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Anibal Vazquez Jr</u>	<u>8630 Greenbank Blvd</u> <u>Windermere, FL 34786</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>Marilyn Suzanne Murrell</u>	<u>914 Mack Avenue</u> <u>Orlando, FL 32805</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>Eddy Perez</u>	<u>11857 Great Commission Way</u> <u>Orlando, FL 32832</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>William S. Hambleton</u>	<u>317 Shadow Oak Drive</u> <u>Casselberry, FL 32707</u>	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

Dated May 24, 2010



Signature of a member or authorized representative of a member

Salvatore Colaci

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

(((H10000122989 3)))