

L10000039511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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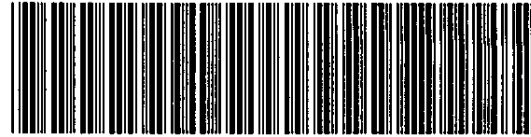
(Business Entity Name)

(Document Number)

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10 OCT 25 PM 2:35
STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS ANGELES DIAGNOSTIC & 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:

JOSE A. MARQUEZ, M.D.

Name of Person

LOS ANGELES DIAGNOSTIC & REHABILITATION, LLC

Firm/Company

6355 SW 8TH ST STE 3E

Address

MIAMI, FL 33144

City/State and Zip Code

losangeles2027@att.net

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

For further information concerning this matter, please call:

LIZBET GOMEZ

Name of Person

at (305) 266-5580

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

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10 OCT 25 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOS ANGELES DIAGNOSTIC & REHABILITATION, 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 04/12/2010 and assigned
Florida document number L10000039511.

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)

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TALLAHASSEE, FLORIDA
STATE

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: LIZBET GOMEZ

New Registered Office Address: 6355 SW 8TH ST STE 3E

Enter Florida street address

MIAMI, Florida 33144
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.

[Signature]
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

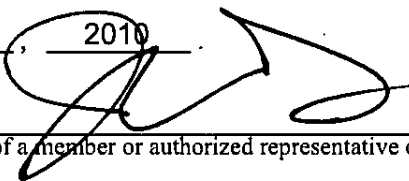
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	JORGE R COLL	45 PONCE DE LEON MIAMI FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSE A. MARQUEZ, M.D.	6355 SW 8TH ST STE 3E MIAMI FL 33144	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

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 SECTION 1
 TALLAHASSEE, FLORIDA

Dated October 20, 2010



 Signature of a member or authorized representative of a member
 JOSE A. MARQUEZ, M.D.

 Typed or printed name of signee