

L1U060060018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L1- 60018

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

- sent Amend form

Office Use Only

B. KOHR

MAR 24 2011

EXAMINER



500197660675

03/15/11--01025--014 **35.00

11 MAR 24 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2011

ANDY CAPOTE
175 FOUNTAINEBLEAU BOULEVARD
SUITE 2G6A
MIAMI, FL 33172

SUBJECT: NOBA REHABILITATION CENTER, LLC.
Ref. Number: L10000060018

FILED STATE
SECRETARY OF CORPORATIONS
11 MAR 24 PM 3:00

We have received your document for NOBA REHABILITATION CENTER, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00006535

RECEIVED
11 MAR 24 PM 12:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 24 PM 3:00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NORBA REHABILITATION CENTER, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.06 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy 2 ☒ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☒ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Noba Rehabilitation Center, LLC.
Name of Corporation

DOCUMENT NUMBER: L 10000060018

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andy Capote
Name of Contact Person

Noba Rehabilitation Center, LLC.
Firm/Company

175 FOUNTAINEBLEAU BLVD, SUITE 266A
Address

MIAMI, FL 33172
City/State and Zip Code

Capote Andy 85@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Capote at (784) 521-4830
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 MAR 24 PM 3:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Noba Rehabilitation Center, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 24 PM 3:00

The Articles of Organization for this Limited Liability Company were filed on 06-04-2010 and assigned
Florida document number L10000060018.

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:

ANIER E. ARCE

New Registered Office Address:

175 FONTAINEBLEAU BLVD 2G6A

Enter Florida street address

Miami

Florida

33172

City State 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 603, 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 | ANDY CAPOTE | | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | ANIER E. ARCE | 175 FONTAINEBLEAU BLVD 266A MIAMI FL 33172 | <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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated

03/23, 2011

Signature of a member or authorized representative of a member

ANIER E. ARCE

Typed or printed name of signee