

L 1 00000 84432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

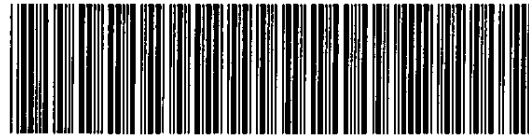
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
DEC 15 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2011

GREGORY RODRIGUEZ
4311 W. WATERS AVE #204
TAMPA, FL 33614

SUBJECT: AUTO INJURY DOCTORS OF TAMPA LLC
Ref. Number: L10000084432

We have received your document for AUTO INJURY DOCTORS OF TAMPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 311A00027364

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FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Injury Doctors of Tampa, 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:

Gregory Rodriguez
Name of Person

Firm/Company

4311 W. Waters Ave #204
Address

Tampa FL 33614
City/State and Zip Code

autoinjurydoctors@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Rodriguez at (_____) _____
Name of Person 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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TALLAHASSEE, FLORIDA

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

Auto Injury Doctors of Tampa, 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 _____ and assigned Florida document number L10000084432.

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

Yankiel Borrego
4311 W. Waters Ave Ste 204
Enter Florida street address
Tampa, Florida 33614
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.

Yankiel Borrego
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	Name	Address	Type of Action
MGRM	Gregory Rodriguez	4311 W. Waters Ave #204 Tampa FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yankiel Borrego	4311 W. Waters Ave #204 Tampa FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Yankiel Cordero	4311 W. Waters Ave #204 Tampa FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jorge L. Gutierrez	4311 W. Waters Ave #204 Tampa FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 DEC 4 PM 8:56
SECRETARY OF STATE
TREASURER, FLORIDA

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

Dated

12/02/11

Signature of a member or authorized representative of a member

Yankiel BORREGO

Typed or printed name of signee