

#L10000090530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

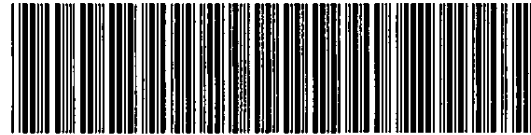
(Business Entity Name)

(Document Number)

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FILED  
11 JAN 20 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 21 2011

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: QUALITY WEIINESS 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:

Linda Rietveld  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 10093  
Address

Tampa FL 33679  
City/State and Zip Code

linda.rietveld@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Rietveld at (813) 420-7555  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

FILED

11 JAN 20 PM 1:47

QUALITY WELLNESS REHAB, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/27/2010 and assigned Florida document number L10000090530

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

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)

4058 FIESTA PLAZA Blvd.  
Suite 110  
Tampa FL 33607

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8870 N. Himes Ave  
#142  
Tampa FL 33614

**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:

MARIA RIVERA

New Registered Office Address:

4058 Fiesta Plaza Blvd Suite 110

Enter Florida street address

Tampa

City

, Florida

33614

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.

Maria Rivera

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	Linda Rietveld		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Maria Rivera	8870 N Himes Ave #142 Tampa, FL 33614	<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.)

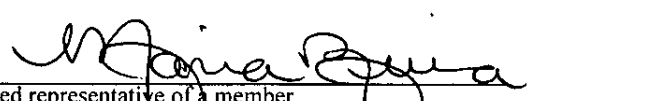
FOR COLLECTION PURPOSES ONLY  
(and ACCOUNTING)

Dated \_\_\_\_\_

  
Linda Rietveld

Signature of a member or authorized representative of a member

Typed or printed name of signee

  
Maria Rivera