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INTRIGHT OF STATE

D. BRUCE
APR 15 2011
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence cond	erning this matter to the following:	
	David Santiago de Name of Person	
	Teupa Rehab Center U.C.	
	19 W. WATER'S AVE. Sufe # 105	
	Tampa + Iorida 33604 FG = City/State and Zip Code	Π
-12	B-mail address: (to be used for future annual report notification)	
For further information concerning the David So. Name of Person	is matter, please call: 11-250 1- at (813) 374- 2440 Area Code & Daytime Telephone Number	7
	amount: Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, ficate of Status Certified Copy Certificate of Status &)

MAILING ADDRESS:

TO:

Registration Section

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

Tampa Rehá	16 Center	LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears of ited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Com Florida document number \(\begin{align*} \to OOO \(\document\) \(\do	pany were filed on	129/10.	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
	\prec		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company,'	" the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	E. The marging
(Principal office address MUST BE A STREET ADDRES	<u> </u>	ASSEE, FI	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		DA	T) 6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter t	he name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:	Enter 1	Florida street addi	ress
		, Florida	
	City	, FIUI IUA	Zip Code
New Desistened Assets Simustone if shoulden Desistened A			

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

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>	Name	Address	Type of Action
16RM	DAVID SANTIA	<u>60 </u>	Add
	-J12		Remove
			Add Remove
			
	<u> </u>		Add Remove
			Add
		······································	Remove
			Add Remove
 			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary,) ******
			11 AP
			ASSET TO A SECTION OF THE SECTION OF
Dated	4/12/11		6
	Signature of a member of	or authorized representative of a member	<u> </u>
	David	Dantia D. J. P. Printed name of signee	

Page 2 of 2

Filing Fee: \$25.00