

**L11000004823**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

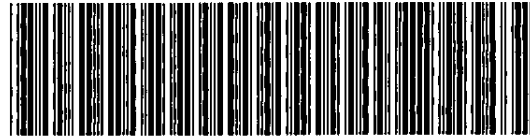
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/19/12--01010--009 \*\*60.00

2012 JAN 19 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**C. LEWIS**

**JAN 20 2012**

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY AUTO 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:

GONZALEZ OSVALDO

Name of Person

QUALITY AUTO REHAB, LLC

Firm/Company

3980 TAMPA ROAD STE # 204

Address

OLDSMAR FL 34677

City/State and Zip Code

QUALITY215@GMAIL.COM

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

For further information concerning this matter, please call:

GONZALEZ OSVALDO

Name of Person

at ( 813 )

4980857

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2012 JAN 19 AM 10:42

QUALITY AUTO REHAB, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 01/12/2011 and assigned  
Florida document number L11000004823.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

OSVALDO GONZALEZ

New Registered Office Address:

3980 TAMPA ROAD STE #204

*Enter Florida street address*

OLDSMAR

Florida

34677

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.*

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>
MGR	HERNANDEZ ANTONIO A	3980 TAMPA ROAD STE #204 OLDSMAR FL, 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GONZALEZ OSVALDO	3980 TAMPA ROAD STE #204 OLDSMAR FL, 34677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

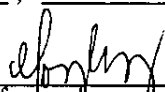
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN 19 AM 10:43

FILED

Dated JANUARY 17, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
GONZALEZ OSVALDO  
\_\_\_\_\_  
Typed or printed name of signee