

L11000006688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

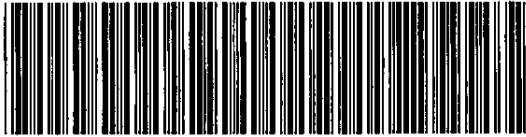
L11-6688

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL 6-11 MAR 22 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Injury and Rehabilitation Clinics 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:

Thomas Biehler

Name of Person

Firm/Company

1403 W Colonial Dr

Address

Orlando, FL 32804

City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Biehler

Name of Person

at (407)

839 1231

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)

Already paid

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2012

THOMAS BIEHLER
1403 W. COLONIAL DRIVE
ORLANDO, FL 32804

SUBJECT: ALL INJURY AND REHABILITATION CLINICS, LLC
Ref. Number: L11000006688

We have received your document for ALL INJURY AND REHABILITATION CLINICS, 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 912A00006681

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

All Injury and Rehabilitation Clinics LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
12 MAR 22 PM 2: 58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/18/2011 and assigned
Florida document number L11000006688.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

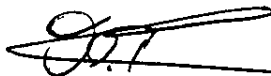
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Swaagman Shawn Dr	1403 W Colonial Dr Orlando, FL 32804	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	Kazas, Sattie	1403 W Colonial Dr Orlando, FL 32804	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Catalfo Christopher D.C.	1403 W Colonial Dr Orlando, FL 32804	<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

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

FILED
 12 MAR 22 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated March 15, 2012, _____



Signature of a member or authorized representative of a member

Thomas Biehler

Typed or printed name of signee