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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUN - 9 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: PT Rehabilitation Consulting and Education 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:
Patrick Tino Name of Person
PT Rehabilitation Consulting and Education
11442 Callaghan Ave.
Spring Hill FL 34608 City/State and Zip Code LKTHOMANN@ Yahoo. Com E-mail address: (to be used for future annual report notification)
Spring Hill FL 34608 City/State and Zip Code LKTHOMANN@ Yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call: at (727) 597-0/66
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\$\sum{\sum{\sum{\sum{\sum{\sum{\sum{\sum{
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTRehabilitation Consulting and Education LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

·	a Billited Biablitty Company)	_
The Articles of Organization for this Limited Liability	Company were filed on ADri	1 25,2011 and assigned
Florida document number LII 000048	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		PES 3 T
(Principal office address MUST BE A STREET ADL	DRESS)	FF 2 -
	 	SSEE O
Enter new mailing address, if applicable:		F ST
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our	records, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zip Code
	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:

MGRM = Managing Member

Title Name Address Type of Action

MGR LISA K. Thomann 2155 Foggy Ridge Add Gand O Lakes, FL 34639 Remove

Add Remove

Dated May 23

MGR = Manager

Signature of a member or authorized representative of a member

Patrick Tino

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00