# #L12000/34306

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# PALM ORTHOPEDICS & REHABILITATION 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:

SCOTT E. ITKIN

Name of Person

SOUTH FLORIDA TAX

Firm/Company

5001 S UNIVERSITY DRIVE STE B

Address

**DAVIE, FL 33328** 

City/State and Zip Code

DRV@PAINANDREHABCENTERS.COM

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

For further information concerning this matter, please call:

SCOTT E. ITKIN

 $_{at} (\underline{954}) \underline{458-2000}$ 

Name of Person

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**

12 DEC - SECRETAR TALLAHASSE	TLED' 7 PM 5: 14
eards)	EE, FLORIDA

## PALM ORTHOPEDICS & REHABILITATION LLC

(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 w	vere filed on OCTOBER 22, 2012 and assigned
Florida document number <u>L12000134306</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
Now Degistered Agent's Signature if changing Pegistered Agents	

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
MGR	DONALD MUSAFFI	5458 TOWN CENTER RD STE 104	Add
		BOCA RATON, FL 33486	Remove
			_
			Add
			Remove
			_
			_ L Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)		
Dated DECEMBER 3	2012		
WW			
Signature	Signature of a member or authorized representative of a member		
WILLIAM VANDER			
	Typed or printed name of signee		

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Filing Fee: \$25.00