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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

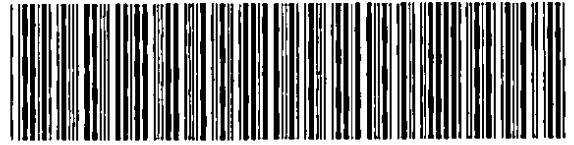
(Business Entity Name)

(Document Number)

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08/05/19-01020-001 **30.00

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2019 AUG -5 A M 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Rehab Medico, 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:

S. Wilson

Name of Person

Rehab Medico, LLC

Firm/Company

7901 4th Street, N. Ste-4000

Address

St. Petersburg, FL 33702

City/State and Zip Code

Rehab Medico@gmail.com

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

For further information concerning this matter, please call:

S. Wilson

Name of Person

at (561)

Area Code

605-4119

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

TO
ARTICLES OF ORGANIZATION
OF

Renai Medico, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on 9/03/2013 and assigned
Florida document number L13000124305.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 contain 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)

7901 4th Street N. Ste-4000
St. Petersburg, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th Street N, Ste 4000
St. Petersburg, FL 33702

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 605, 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	S. Wilson	7901 4th St. N., Ste 4000	<input type="checkbox"/> Add
		St. Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	I Recinos	11419 W. Palmetto PK. Rd	<input type="checkbox"/> Add
		Boca Raton, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Lined area for text entry.

E. Effective date, if other than the date of filing: 7/31/19 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

[Signature]
Signature of a member or authorized representative of a member

S. Wikner
Typed or printed name of signee