

# L13000160726

\_\_\_\_\_  
(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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CLERK OF DISTRICT COURT  
STATE  
TALLAHASSEE, FLORIDA

14 JUL 31 PM 1:45

FILED

AUG - 1 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BWELL 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:

**Karina Vishnevsky**

Name of Person

**BWELL REHAB LLC**

Firm/Company

**405 Commercial CT, Suite A**

Address

**Venice, Florida 34292**

City/State and Zip Code

**bwellrehab@gmail.com**

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

For further information concerning this matter, please call:

**Karina Vishnevsky**

Name of Person

at **941 484-9291**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2014

KARINA VISHNEVSKY  
BWELL REHAB LLC  
405 COMMERCIAL CT STE A  
VENICE, FL 34229

SUBJECT: BWELL REHAB LLC  
Ref. Number: L13000160726

We have received your document for BWELL REHAB LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 214A00015822

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

**BWELL REHAB LLC**

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

**FILED**  
14 JUL 31 PM 1:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/15/2013 and assigned Florida document number L13000160726.

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)**

405 Commercial Ct, Suite A

Venice, FL 34292

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

405 Commercial Ct, Suite A

Venice, FL 34292

**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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vishnevsky, Andrew	4965 Gardiners Bay Cir	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
MGR	Vishnevsky, Victor	5079 Hanging Moss Ln	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
MGR	Velonskis, Meeris	409 N. Point Rd Apt 702	<input type="checkbox"/> Add
		Osprey, FL 34229	<input checked="" type="checkbox"/> Remove
MGR	Vishnevsky, Karina SLP	405 Commercial Ct. Ste A	<input checked="" type="checkbox"/> Add
		Venice, FL 34292	<input type="checkbox"/> Remove
MGR	Via, Michael MSPT	405 Commercial Ct. Ste A	<input checked="" type="checkbox"/> Add
		Venice, FL 34292	<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.)*

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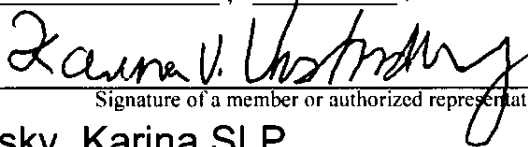
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 14, 2014



Signature of a member or authorized representative of a member

Vishnevsky, Karina SLP

Typed or printed name of signee