

L14000115334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

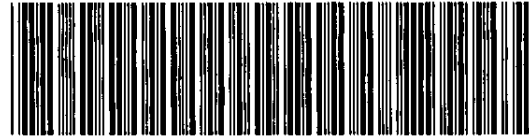
(Business Entity Name)

(Document Number)

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07/28/14--01059--003 **25.00

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST WELLNESS HOME REHAB SERVICES
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:

Jesse Solotoff

Name of Person

First Wellness Home Rehab Services

Firm/Company

2349 SW 126th ave

Address

Miramar FL 33027

City/State and Zip Code

AllTherapyhomerehabservices@gmail.com

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

For further information concerning this matter, please call:

Jesse Solotoff

Name of Person

at (305)

Area Code

903 5470

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**

FIRST WELLNESS HOME REHAB SERVICES

(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 were filed on 7/22/14 and assigned
Florida document number L14000115334.

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 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>
CEO	Jesse Solotoff	2349 SW 126th ave	<input type="checkbox"/> Add
		Miramar, FL 33027	<input checked="" type="checkbox"/> Remove
CEO	Juliana Mejia	2349 SW 126th ave	<input type="checkbox"/> Add
		Miramar, FL 33027	<input checked="" type="checkbox"/> Remove
MGR	Jesse Solotoff	2349 SW 126th ave	<input checked="" type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
MGR	Jesse Solotoff		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Juliana Mejia	2349 SW 126th ave	<input checked="" type="checkbox"/> Add
		Miramar FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

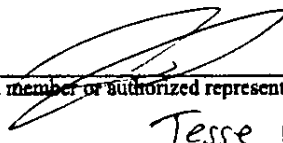
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 July 24, 2014.

Signature of a member or authorized representative of a member



Typed or printed name of signer

Jesse Patrick Salotoff

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Filing Fee: \$25.00

FILED
JUL 24 2014
10:05 PM
CLERK OF COURT
JUL 24 2014