

Division of Corporations

Page 1 of 2



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000262977 3)))



H140002629773ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

RECEIVED
CLERK OF STATE
TALLAHASSEE FLORIDA

2014 NOV 12 PM 4: 01

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHIROSOFT & REHABILITATION CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

14 NOV 12 AM 10: 00

RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

NOV 13 2014
J. BRUCE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHIROSOFT & REHABILITATION CENTER, LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on **OCTOBER 14, 2014** and assigned Florida document number **L14000160703**.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHIROSOFT & REHABILITATION CENTER, LLC.

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:

New Registered Agent's Signature, if changing Registered Agent:

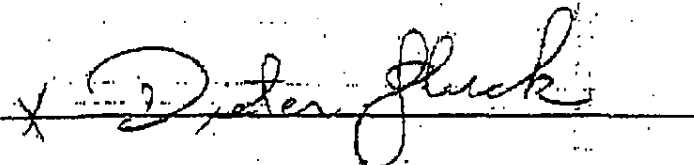
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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:

MGR = Manager

MGRM = Managing Member

X 

Signature of a member or authorized representative of a member

DIETER GLUCK, MGRM
Typed or printed name of signee

November 11, 2014
DATE

FILED
2014 NOV 12 PM 4:01
CLERK OF STATE
TALLAHASSEE, FLORIDA