

L15000104980

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA REHABILITATION AND RECOVERY SERVICES, 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:

Giulio STAIANO

Name of Person

Giulio STAIANO, CPA

Firm/Company

2953 W Cypress Creek Road, #101

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

Giulio@PSCPAFL.ORG

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

For further information concerning this matter, please call:

Giulio STAIANO

Name of Person

at ( 954 )

Area Code

977-0900

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**

FLORIDA REHABILITATION AND RECOVERY SERVICES, 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 were filed on 6/16/2015 and assigned  
Florida document number L15000104980.

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)

2953 W. Cypress Creek Road  
# 101  
FT. LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

GIULIO STAIANO, CPA

New Registered Office Address:

2953 W. Cypress Creek Road, #101

Enter Florida street address

FT. LAUDERDALE

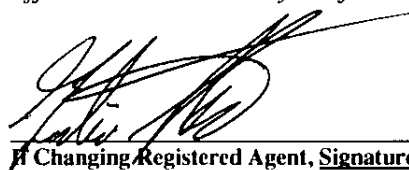
City

, Florida 33309

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>
MGR	Scott J. Modist	1660 SW 3 <sup>rd</sup> COURT	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giulio Staino	2953 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		#101	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

15 AUG 13 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 AUG 19 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

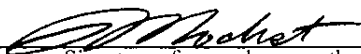
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 August 7, 2015.



Signature of a member or authorized representative of a member

Scott Modist

Typed or printed name of signee