

L15000115619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

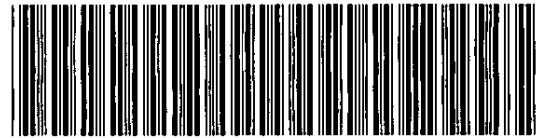
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**COVER LETTER** RECEIVED

**TO: Registration Section  
Division of Corporations**

15 NOV - 2 01 3: 18

**SUBJECT: BETTER HEALTH MEDICAL & REHAB SERVICES, LLC**

SECRETARY OF STATE  
DA

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:

VICTOR SILVA

Name of Person

BETTER HEALTH MEDICAL & REHAB SERVICES, LLC

Firm/Company

5811 MEMORIAL HWY SUITE 104

Address

TAMPA, FL. 33615

City/State and Zip Code

betterhealthmedrehab15@gmail.com

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

For further information concerning this matter, please call:

NOEMI RIVERA

813 476-8212  
at ( )

Name of Person

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

RECEIVED

15 NOV 18 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2015

VICTOR SILVA  
5811 MEMORIAL HWY SUITE 104  
TAMPA, FL 33615

SUBJECT: BETTER HEALTH MEDICAL & REHAB SERVICES, LLC  
Ref. Number: L15000115619

We have received your document for BETTER HEALTH MEDICAL & REHAB SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 915A00023388

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

Better Health Medical & Rehab 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 \_\_\_\_\_ and assigned  
Florida document number L15000115619.

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) \_\_\_\_\_

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:

Victor Silva

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_  
City

\_\_\_\_\_, **Florida**

\_\_\_\_\_  
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AR	Noemi Rivara	5811 Memorial Hwy	<input type="checkbox"/> Add
		Suite 104	<input checked="" type="checkbox"/> Remove
		Tampa, FL. 33615	<input type="checkbox"/> Change
AMBR	Jorge Sotomayor	5811 Memorial Hwy	<input type="checkbox"/> Add
		Suite 104	<input checked="" type="checkbox"/> Remove
		Tampa, FL. 33615	<input type="checkbox"/> Change
RA	Luis Merced	5811 Memorial Hwy	<input type="checkbox"/> Add
		Suite 104	<input checked="" type="checkbox"/> Remove
		Tampa, FL. 33615	<input type="checkbox"/> Change
O	Victor Silva	5811 Memorial Hwy	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Tampa FL. 33615	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

15 NOV 1964  
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ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

15 NOV 18 PM 3:32  
U.S. DEPT. OF STATE  
WASHINGTON, D.C.  
U.S. DEPT. OF STATE  
WASHINGTON, D.C.

(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)

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 Nov. 13, 2015.

Signature of a member or authorized representative of a member

Victor Silva  
Typed or printed name of signee

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Better Health Medical & Rehab 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:

Victor Silva

Name of Person

Better Health Medical & Rehab Services, LLC

Firm/Company

5811 Memorial Hwy Ste 104

Address

Tampa, FL 33615

City/State and Zip Code

betterhealthmedrehab15@gmail.com

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

For further information concerning this matter, please call:

Victor Silva

Name of Person

at ( 813 ) 513-8879

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

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

BETTER HEALTH MEDICAL & REHAB 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 07/06/2015 and assigned  
Florida document number L15000115619.

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)

**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:

VICTOR SILVA

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AR	NOEMI RIVERA	5811 MEMORIAL HWY SUITE 1	<input type="checkbox"/> Add
		TAMPA FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE SOTOMAYOR LEYVA	5811 MEMORIAL HWY SUITE 1	<input type="checkbox"/> Add
		TAMPA FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	VICTOR SILVA	5811 MEMORIAL HWY SUITE 1	<input checked="" type="checkbox"/> Add
		TAMPA FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
REGISTE	LUIS MERCED	5811 MEMORIAL HWY SUITE 1	<input type="checkbox"/> Add
		TAMPA FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 NOV 18 PM 3:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

FILED  
15 NOV 18 PM 3:33  
JULIA HAYES, SMIL  
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 10/29/15,

Signature of a member or authorized representative of a member

VICTOR SILVA

Typed or printed name of signee