

LS000115619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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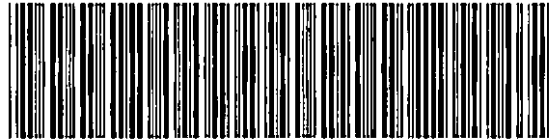
(Business Entity Name)

(Document Number)

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FILED

2019 JAN 14 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FL

CLERK
JAN 14 2019

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:

NOEMI RIVERA

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

bhmrs18@gmail.com

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

For further information concerning this matter, please call:

NOEMI RIVERA

813 4768212
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

**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)

FILED

2019 JAN 14 PM 2:05

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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: _____

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>
MGR	NOEMI RIVERA	5811 MEMORIAL HWY	<input type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		TAMPA, FL. 33615	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TITLE CHANGE FOR NOEMI RIVERA FROM O TO MGR

Filing Fee: \$25.00