

L15000122387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

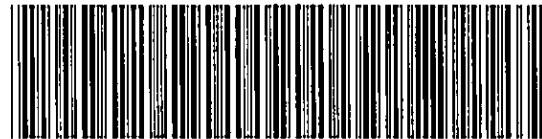
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Pei Pei Rossewey
who gave permission to use
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17 DEC 14 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

DEC 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2017

PEIPEI ROSSEWEY
1756 LAKEVIEW RD
CLEARWATER, FL 33756

SUBJECT: ROSS REHAB, LLC
Ref. Number: L12000018609

We have received your document for ROSS REHAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 317A00024333

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ross Rehab
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:

Pei Pei Rossewey
Name of Person

Firm/Company

1756 Lakewood Rd
Address

Clearwater FL 33756
City/State and Zip Code

rosseweyotr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pei Pei Rossewey at (813) 476-1002
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**

Ross Rehab, 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 Feb 8, 2012 and assigned Florida document number L12000018609

This amendment is submitted to amend the following:

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

NA

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)

1756 Lakeview Rd
Clearwater FL
33756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1756 Lakeview Rd
Clearwater FL
33756

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:

Pei Pei Rosseney

New Registered Office Address:

1756 Lakeview Rd

Enter Florida street address

Clearwater

City

Florida

33756

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.

Pei Pei Rosseney

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>
	Thomas Rosseuey	118 W Bay Dr. Suite 121	<input type="checkbox"/> Add
		Largo FL 33770	<input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove principal + mailing address:

118 W. Bay Dr. Suite 121
Largo FL 33770

FILED
17 DEC 14 PM 2 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11.27.17 (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 11.27.17, _____.

Pei Pei Rosseway

Signature of a member or authorized representative of a member

Pei Pei Rosseway

Typed or printed name of signee