

LP0000 8/567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

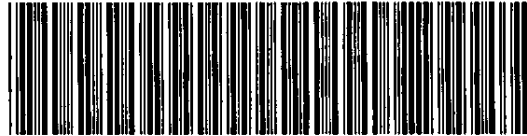
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600285884696

05/31/16--01026--006 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:13

JUN 03 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lee Wellness and Rehab 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:

Malek Khalil
Name of Person

Lee Wellness and Rehab LLC
Firm/Company

4100 Center Point Dr 103
Address

Fort Myers FL 33916
City/State and Zip Code

malek.khalil30@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malek Khalil at (239) 440-1344
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:13

Lee Wellness and Rehab LLC

The Articles of Organization for this Limited Liability Company were filed on 4/29/16 and assigned
Florida document number L 16000084567

Lee Wellness and Rehab LLC

4100 Center Point Dr
Suit 103
Fort Myers, FL 33916

Page 1 of 3

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>
			<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
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
MAY 1 11:55:13

16 MAY 51

FILED
STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:13

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.

Dated 05-23, 2016

Signature of a member of the

Signature of a member or authorized representative of a member

Malek Khalil

Typed or printed name of signee