

L17000132725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

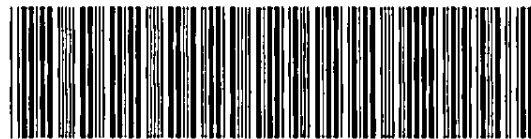
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 13 AM 8:49  
MISSISSAUGA, ONTARIO

SEP 13 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2017

NESTOR A STYCHNO  
1238 SE 12TH TERRACE  
DEERFIELD BEACH, FL 33441

SUBJECT: FLORIDA IJURY CENTERS LLC  
Ref. Number: L17000132725

We have received your document for FLORIDA IJURY CENTERS 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):

PAGE 2 MISSING

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: 017A00017025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change Name of LLC [FLORIDA ISURY  
Name of Limited Liability Company CENTERS, LLC]

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NESTOR A. STYCHNO  
Name of Person

FLORIDA ISURY CENTERS, LLC  
Firm/Company

1238 S.E. 12<sup>th</sup> TERRACE  
Address

DEERFIELD BEACH, FL. 33441  
City/State and Zip Code

NESTORSTYCHNO@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTOR STYCHNO at (330) 307-1026  
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

17 SEP 13 AM 8:49  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

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

FLORIDA INJURY CENTERS' 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 06-19-2017 and assigned Florida document number L17000132725

This amendment is submitted to amend the following:

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

FLORIDA INJURY CENTERS, LLC

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

**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:

SAME

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.*

SAME

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

9/4/17

Title	Name	Address	Type of Action
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MGR	NESTOR STYCHNO	1238 SE 12 <sup>th</sup> TERRACE	<input type="checkbox"/> Add
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		DEERFIELD BEACH FL 33441	<input type="checkbox"/> Remove
--	--	--------------------------	---------------------------------

	Change Name of Entity From		<input type="checkbox"/> Change
--	----------------------------	--	---------------------------------

	"FLORIDA INJURY CENTERS LLC"		<input type="checkbox"/> Add
--	------------------------------	--	------------------------------

To

			<input type="checkbox"/> Change
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	"FLORIDA INJURY CENTERS LLC"		<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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	Everything else stays the same.		<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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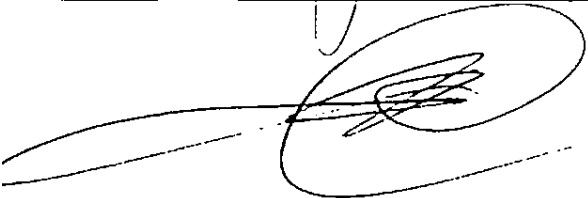
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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Thank You



17 SEP 18 AM 2:45  
FBI - MIAMI  
RECEIVED

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

NAME CHANGE ONLY

17 SEP 13 AM 8:49  
FILED  
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 14, 2012.

Signature of a member or authorized representative of a member

NESTOR A. STYCHNO

Typed or printed name of signee