

L 13000145379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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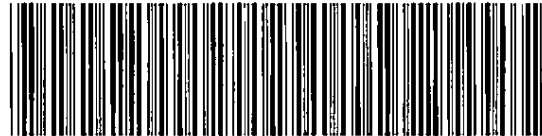
(Business Entity Name)

(Document Number)

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2022 MAR 10 PM 3:31

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2022 MAR 10 PM 3:06

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C. BRUMBLEY

MAR 10 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GONZALEZ REHAB PROFESSIONALS 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:

MALVY C DIAZ

Name of Person

GONZALEZ REHAB PROFESSIONALS LLC

Firm/Company

175 FONTAINEBLEAU BLVD SUITE 1P

Address

MIAMI, FL 33172

City/State and Zip Code

GONZALEZREHAB@GMAIL.COM

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

For further information concerning this matter, please call:

MALVY C DIAZ

Name of Person

at (305)

Area Code

505-7034

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

GONZALEZ REHAB PROFESSIONALS 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 06/12/2018 and assigned Florida document number L18000145379.

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)**

175 FONTAINEBLEAU BLVD

SUITE 1P

MIAMI, FL. 33172

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

175 FONTAINEBLEAU BLVD

SUITE 1P

MIAMI, FL. 33172

**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:

UNITED TAX & ACCOUNTING GROUP CORP

New Registered Office Address:

16650 SW 88th STREET STE 212

Enter Florida street address

MIAMI

City

Florida 33196

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.*

  
Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

NEED TO CHANGE ADDRESS ON ARTICLES AND NEW REGISTER AGENT

PLEASE NEED AMBR DAMIAN FONSECA REYNA ON TOP.


**E. Effective date, if other than the date of filing: 01/01/2022 (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 MARCH 08, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MALVY C CRUZ

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**