

L18000277180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

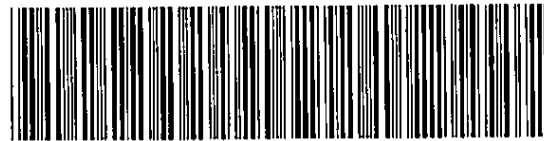
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600333157836

19 AUG 13 PM 4:18

FILED

APPROVED
FILED

2019 AUG 13 AM 10:39

T GLASS

AUG 14 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/13/2019

Name: Merritt Walker

Reference #: 1118270

Entity Name: INTEGRATED REHAB CONSULTANTS FLORIDA, PLLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

2019 AUG 13 AM 10:39
FILED
ALBANY, NY

Authorized Amount: \$25

Signature: *Merritt Walker*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATED REHAB CONSULTANTS FLORIDA, PLLC

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:

JORI M. WALLACE

Name of Person

COGENCY GLOBAL, INC.

Firm/Company

111 W. WASHINGTON STREET, SUITE 1447

Address

CHICAGO, ILLINOIS 60602

City/State and Zip Code

JWALLACE@COGENCYGLOBAL.COM

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

For further information concerning this matter, please call:

Janine R. Tougas

202 414-9194

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

2019 AUG 13 AM 10:39

ARTICLE
FILED

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

INTEGRATED REHAB CONSULTANTS FLORIDA, PLLC

(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 12/4/2018 and assigned
Florida document number 119000277180.

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

Florida

City

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>
AMBR	AMIT PATEL, D.O.	1110 ABBEYS WAY	☐ Add
		TAMPA, FL 33602	☒ Remove
			☐ Change
AMBR	AMISH PATEL, D.O.	11 East Walton #3902	☒ Add
		Chicago, IL 60611	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 JUN 10 10:39 AM
 ADD
 REMOVE
 CHANGE
 FILED

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

RECEIVED
JUL 10 1964

2019 Apr 13 AM 10:39

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 12, 2019

Signature of a member or authorized representative of a member

Amish Patel, D.O.

Typed or printed name of signer