

120000 124 504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

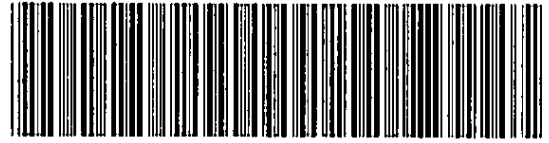
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Member Signature

Office Use Only



300379592253

01 20 22 11:23:44 AM \$25.00

RECEIVED
FEB 15 2022

A. BUTLER

FEB 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinite Rehabilitation and Wellness Center
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:

Johann Velez
Name of Person

Firm/Company

6100 Greenland Rd Suite 601
Address

Jacksonville FL 32258
City/State and Zip Code

infinite rehab 1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johann Velez at (904) 560-2020
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 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

Infinite Rehabilitation and Wellness Center
(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 May 7, 2020 and assigned Florida document number L20000124564.

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)

6100 Greenland Rd
Suite 601
Jacksonville FL, 32258

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:

Abraham Hilleg

New Registered Office Address:

7373 Volley Dr. N
Enter Florida street address

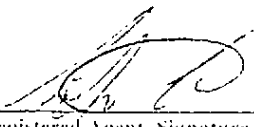
Jacksonville
City

Florida

32277
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>
<u>AMBR</u>	<u>Sham Viley</u>	<u>7373 Volley Dr N</u>	<input type="checkbox"/> Add
		<u>Jacksonville FL, 32277</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Tris Jesus Rodriguez</u>	<u>7781 Point Venece Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Jacksonville FL, 32256</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

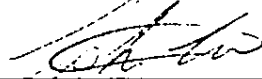
E. Effective date, if other than the date of filing: _____ (optional)

(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)

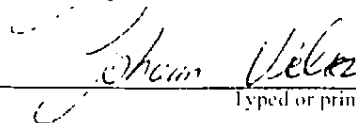
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 7, 2012



Signature of a member or authorized representative of a member



Typed or printed name of signer



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 FEB -8 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FL

January 28, 2022

JOHANN E VELEZ
6100 GREENLADN RD
STE 601
JACKSONVILLE, FL 32277

SUBJECT: INFINITE REHABILITATION AND WELLNESS CENTER LLC
Ref. Number: L20000124564

We have received your document for INFINITE REHABILITATION AND WELLNESS CENTER 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 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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 022A00002292



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2022

JOHANN E VELEZ
6100 GREENLADN RD
STE 601
JACKSONVILLE, FL 32277

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Ref. Number: L20000124564

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Anissa Butler
Regulatory Specialist II

Letter Number: 022A00002292