

121 000 167 548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

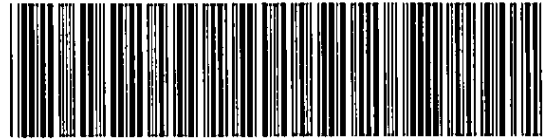
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NC

Office Use Only



300381152723

03.16.20--01.01.21--01.01.21

FILED
2022 APR 15 PM 4:02
CORPORATE SERVICES
UNITED STATES DEPT. OF COMMERCE

Name Change

A

MAY - 9 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION PLACE LLC

SUBJECT: _____
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:

CARLOS OCQUE

Name of Person

TANA RECOVERY LLC

Firm/Company

13297 NW 18TH ST

Address

Pembroke Pines / FLORIDA 33028

City/State and Zip Code

carlosocque@gmail.com

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

For further information concerning this matter, please call:

CARLOS OCQUE	954	3308077
_____ 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 Address:

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

2022 APR 15 PM 4:02

100



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2022

CARLOS OCQUE
13297 NW 18TH ST
PEMBROKE PINES, FL 33028

SUBJECT: THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION
PLACE LLC
Ref. Number: L21000167548

We have received your document for THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION PLACE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS
OPS

Letter Number: 322A00005282



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 15 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FL

March 29, 2022

CARLOS OCQUE
13297 NW 18TH ST
PEMBROKE PINES, FL 33028

SUBJECT: THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION
PLACE LLC
Ref. Number: L21000167548

We have received your document for THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION PLACE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS
OPS

Letter Number: 322A00007335

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

THERAPEUTIC ACTIVITIES FOR NEUROLOGICAL ABILITATION PLACE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 APR 15 PM 4:08
SPTT

The Articles of Organization for this Limited Liability Company were filed on 04/12/2021 and assigned
Florida document number L21000167548.

This amendment is submitted to amend the following:

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

TANA RECOVERY PLACE 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:

13297 NW 18TH ST, Pembroke Pines, FL 33028

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

13297 NW 18TH ST, Pembroke Pines, FL 33028

(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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

2022

Dated _____

66

Signature of a member or authorized representative of a member

CARLOS OCAÑA

Typed or printed name of signee