

PO 9000098181

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TALLAHASSEE, FLORIDA

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8-18-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: V + V Rehabilitation Center Inc

DOCUMENT NUMBER: PO9000098181

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janio Vico
Name of Contact Person

V + V Rehabilitation Center Inc
Firm/ Company

2290 10th Ave N. # 501
Address

Lake Worth, FL 33461
City/ State and Zip Code

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

For further information concerning this matter, please call:

Janio Vico at (501) 533 7781
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Jennifer Sra Adams	200 Circle Dr Pompano Beach, FL 33062	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	Jennifer Sra Adams	200 Circle Dr Pompano Beach, FL 33062	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Janio Vico	2290 10th Ave N Suite 501 Lake Worth, FL 33461	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 7/20/11
Effective date if applicable: 7/20/11 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

“The number of votes cast for the amendment(s) was/were sufficient for approval
by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/20/11

Signature [Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Janio Vico.
(Typed or printed name of person signing)

president
(Title of person signing)