LUCCCICA152

(Requestor's Name)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Fnone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	itatus
	· · · · · · · · · · · · · · · · · · ·
Special Instructions to Filing Officer:	
	:
OCT 1 1 202	z
A. LUNT	
Α. Εσκτ	

Office Use Only



200390852442

97/18/22--01039--016 ++55.00

2022 JUL 18 AH 11: 27

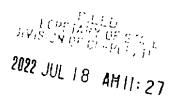
17'554500 55 NOISTAC 1791S-30 ANST 2000S 03'314

COVER LETTER

TO: Registration Section Division of Corporations

NORTH D	ADE REHABILITATION CEI	NTER LLC	
	ivanie di Elin	ated Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FLEURIDOR LIGER		
		Name of Person	·-
	NORTH DADE REHABII	JITATION CENTER LLC	
		Firm/Company	
	1390 N.E. 162ND STREE	Т	
		Address	
	NORTH MIAMI BEACH,	FL 33162	
		City/State and Zip Code	
	presleyliger@hotmail.com	City/viate and 22p code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all: 945-	
FLEURIDOR LIGER		305 -954-7246	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NORTH DADE REHABILITATION CENTER LLC

company has been notified in writing of this change.

(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 I	Liability Company we	ere filed on $\frac{10/19}{}$	/2006	_ and assigned
Florida document number 1.06000102152	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here	:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the design	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	icable: _			
(Principal office address MUST BE A STRE	ET ADDRESS)			
	_			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE	EBOX)		· · · · · · · · · · · · · · · · · · ·	
	-			
B. If amending the registered agent and/or	modistand office add		rede antae tha nama	af tha now radictaros
agent and/or the new registered office addr		iress on our reco	orus, enter the name	or the new registeree
Name of New Registered Agent:	LIGER, FLEURIDOR			
New Registered Office Address:	1390 N.E. 162ND	STREET		
TVENT TVESTIME THE TRANSPORT		Enter Florida	street address	
	NORTH MIAMLE	ВЕАСН	, Florida <u>3316</u>	2
		City	·	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	ved agent and agree per and complete pe gistered agent as pro v registered office ac	to act in this cap rformance of my wided for in Chy ldress, Lherebs	pacity. I further agre of duties, and I am Ya upter 605, 17.S. Or, if confirm that the/linh	e to comply with the niliar with and this document is ted liability

Ir 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>	Address	Type of Action
MGR	LIGER, FLEURIDOR	1390 N.E. 162ND STREET NORTH MIAMI BEA	ACH, <u>≡</u> Add
			□Remove
			□ Change
AMBR	AMBR LIGER, CHRISTOPHER	1390 N.E. 162ND STREET NORTH MIAMI BEA	ACH, <u> </u>
			□Remove
			□Change
AMBR		1390 N.E. 162ND STREET NORTH MIAMI BEA	ACH, <u>■</u> Add
			Remove
			[] Change
			🗀 Add
			□Remove
			[]Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

		-			-
					-
					_
					-
	_ .				-
					-
					-
	<u>,</u>				
				2022	· · · ·
		 -		<u></u>	9:
				ω •=	
					:
		· -		<u></u>	-
					-
					-
	4. Val.		(
fective date, if other than the date of an effective date is listed, the date must be spe	ecific and cannot be prior to c	late of filing or more th	optional) nan 90 days after filing.) Pursuant to 605	5.020
ote: If the date inserted in this block do	ses not meet the applicable sent of State's records.	e statutory filing rec	quirements, this date	will not be list	led a
ocument's effective date on the Departm					
ocument's effective date on the Departm				2001	y the
	but not an effective time	, at 12:01 a.m. on th	ic carlier of (b) Th	e sum dayaye	
record specifies a delayed effective date.	, but not an effective time	, at 12:01 a.m. on th	ne carlier of (b) Th	e 90th dayare	/
record specifies a delayed effective date, is filed.		, at 12:01 a.m. on th	ne carlier of (6) Th	e 90th day are	/
record specifies a delayed effective date, is filed.		, at 12:01 a.m. on th	ne earlier of (b) Th	e 90th daylaye	/
record specifies a delayed effective date, Lis filed.		, at 12:01 a.m. on th	ne earlier of (6) Th	La Soun dayaya	/
record specifies a delayed effective date. Lis filed. ated		o leve	D Till	e 90th day are	/