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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

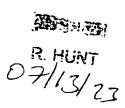
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations					
NORTH D.	ADE REHABILITATION CE	NTER LLC				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	PRESTON G. LIGER					
		Name of Person		_		
	NORTH DADE REHABII	LITATION CENTER LLC		ı	5023	
		Firm/Company		_ 	•	
	1390 N.E. 162ND STREE	Т			<u>رن</u>	:
		Address		-3SE	PH	į
	NORTH MIAMI BEACH,	, FL 33162		STAT E, FL	PH 2: 37	
		City/State and Zip Code		— , tuį	-	
	presleyliger@hotmail.com					
	E-mail address: (	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
PRESTON G. LIGER		305 945-7246 at ( )				
Name o	f Person		e Telephone Numb	er		
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of Sta ed Copy at copy is e	itus &	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Seconds Division of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH DADE REHABILITATION CENTER LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Plorida document number L06000102152	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	·
	CO CO
Enter new mailing address, if applicable:	SSS PR
Mailing address MAY BE A POST OFFICE BOX)	Est 5
	FLE ST
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
MANAG'	LIGER, FLEURIDOR	1390 N.E. 162ND STREET NORTH MIAMI BEA	ACFI, □Add
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Tective date, if other than the date on effective date is listed, the date must be some. If the date inserted in this block continent's effective date on the Depart	specific and cannot be prior does not meet the applic tment of State's records	to date of filing or a able statutory filin	nore than 90 days a ng requirements.	this date w	ill not l	be listed a
record specifies a delayed effective dat is filed.	te, but not an effective t	me, at 12:01 a.m.	on the earlier of	(b) 71kg	90th <b>(f)</b>	y after th
JULY IST	, 2023	/		$\mathcal{I}$		
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