

L09000110901

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH,**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA WELLNESS & REHABILITATION CENTER OF HIALEAH, L.L.C.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 17, 2009 and assigned Florida document number L09000110901.

This amendment is submitted to amend the following:

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

CEDA HEALTH OF HIALEAH, L.L.C.

The new name must be distinguishable and end with 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)

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:

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 608, 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.

Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|------------------|-----------------------------------|--|
| GM | LUANA ALONSO | 51 E. 1 AVE. HIALEAH, FL 33010 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | MARK A. CERECEDA | 51 E. 1 AVE. HIALEAH, FL 33010 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated on this 7 day of September of 20 11.

MARK A. CERECEDA

Type or Printed Name

[Signature]
 Signature of a Member, Managing Member or Manager

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