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COVER LETTER

TO:	Registration Se Division of Cor							
end ie		SERVICES, LLC						
SUBJEC	CT:	Name of Lim	ited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	indence concerning this matter	to the following:					
		FELIXNITO FRIAS						
			Name of Person					
		FL REHAB SERVICES, L	LC					
			Firm/Company					
	134 N OLD DIXIE HWY							
			Address					
		LADY LAKE, FL 32159						
			City/State and Zip Code					
		frsmgt@embarqmail.com	to be used for future annual report notifi	, <u>, , , , , , , , , , , , , , , , , , </u>				
For furth	ner information c	oncerning this matter, please ca		canoni				
FELIXN	NTO FRIAS		352 2294181 at ()					
Name of Person								
Enclosed	l is a check for th	ne 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 AUG 31 PH 2: 52

FL REHAB SERVICES, LLC

(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 Liability Company were filed on 07/27/17 and assigned Florida document number $\frac{L17000160704}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: FELIXNITO FRIAS Name of New Registered Agent: 134 N OLD DIXIE HWY New Registered Office Address: Enter Florida street address LADY LAKE ., Florida ³²¹⁵⁹ City

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>	<u>Address</u>	Type of Action		
MGR	FRIAS FRIAS	134 N OLD DIXIE HWY	□ Add		
		LADY LAKE. FL 32159 US	■ Remove		
			☐ Change		
MGR	FELIXNITO FRIAS	134 N OLD DIXIE HWY	Add		
		LADY LAKE, FL 32159	□ Remove		
			Change		
AMBR	SOCRATES PT, PA	4084 NE 15TH COURT RD			
		OCALA, FL 34479 US	■ Remove		
			Change		
			Remove All Age Remove Remove		
			□ Remove		
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record specifies The 90th day afte			ate, but	not an ei	fective ti	me, at 12	2:01 a.m	. on the ea	arlier o
ted			2017	·					
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Typed or printed name of signee

Filing Fee: \$25.00