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COVER LETTER

TO:	Registration Se Division of Cor						
elib i		VILLE REH LLC					
SUBJECT: Name of Limited Liability Company							
The er	iclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ALKESH SHASTRI					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
			Firm/Company				
		1045 CADY CIRCLE					
		-	Address				
		TITUSVILLE, FL 32780					
			City/State and Zip Code				
		RUSS@RASKINSHAHCP	PA.COM				
		E-mail address: (to be used for future annual report notif	ication)			
For fu	rther information co	oncerning this matter, please ea	all:				
ALKI	ESH SHASTRI		321 543-2391				
	Name o	f Person		: Telephone Number			
Enclos	sed is a check for th	ne following amount:					
■ \$3	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 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

JACKSONVILLE REH LLC	_	
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number L18000217821	y were filed on September 13, 2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		- 3 21 25
Principal office address MUST BE A STREET ADDRESS)		20 34 CO
		3 (1900)
nter new mailing address, if applicable:		- 5 ::
Mailing address MAY BE A POST OFFICE BOX)		- 0 - 1
		-
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		the name of the
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	
	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соае

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
MGR	RAJENDRA SHAH	380 COMMERCE PKWY, ROCKLEDGE, FL 32955	
			Remove
			Change
MGR	NILESH SHAH	4802 SOLITARY DR. ROCKLEDGE, FL 32955	Add
			Remove
			☐ Change
MGR	PARUL PATEL	7632 SOUTHSIDE BLVD. APT # 346 JACKSONVILLE. FL	= Add
			☐ Remove
			Change
			Remove
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			SE[TEM	BER 19, 20	810	,			
fective date, if of an effective date is lis	ted, the date must b	be specific and	d cannot be pr	ior to date of	filing or more	(or than 90 days a	fter filing.) Pu	rsuant to	605.020
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e record specific	es a delaved	effective (date, but i	not an eff	ective tim	e, at 12:0:	l a.m. on	the ea	arlier d
The 90th day a						,			
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Typed or printed name of signee

Filing Fee: \$25.00