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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

		ation Sec n of Corp				,				
CHDIEC		ACES DE	SIGNS AND REHAB LLC							
SUBJEC	.1:		Name of Lin	nited Liability Cor	npany			•		
The enclo	osed Art	icles of A	mendment and fee(s) are sub	omitted for filing	ļ.					
Please ret	torn all	correspon	dence concerning this matter	to the following	ζ:					
			FERNAND V ADRIEN							
				Name of I	Person	· · · · · · · ·				
			SPACES DESIGNS AND	REHAB LLC						
			<del></del>	Firm/Con	pany.			_		
	3601 W COMMERCIAL BLVDSUITE 14									
	Address					_				
			FT. LAUDERDALE, FL 3	33309						
				City/State and	Zip Cod	le		_		
			Val.adrien@gmail.com	to be used for fut	:	alad aasi	Gastian)	••	~	$G_{ij}$
Una Graden	i Co	mating an	e-mail address: ( neerning this matter, please c		are annu	ан героп поп	neamon)	:	2021 1	-5
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FERNAN	ND V A			305 at (	)_	890-5381	<del>-</del>		0.0	
		Name of	Person	Area	Code	Daytim	e Telephone Numb	er •	A <b>∃</b> :	, i i
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	-		L 32314		2415		e Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPACES DESIGNS AND REHA	B LLC				
( <u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited 1 Florida document number L21000108743	Liability Compan	y were filed on 03/08/2021		_ and ass:	igned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	'L.I.C'' or the abbrev	riation "L.)	L.C."
Enter new principal offices address, if appli	N/A		<u>.</u>		
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			<del></del>
(Mailing address MAY BE A POST OFFICE	EBOX)			— <del></del>	
			, ; ; 	021	
			×*	ΥА	, <u> </u>
B. If amending the registered agent and/or		address on our records, en	nter the name o	f the new	<u>r registerec</u>
agent and/or the new registered office addr	ess nere:			\	111
Name of New Registered Agent:	KRISNA CH	ATELAIN		 <u>=</u>	Ü
New Registered Office Address:	3601 W COM	MERCIAL BLVD SUITE 14	· .	2น	
		Enter Florida street ad	ddress		
	FT, LAUDER	DALE,	, Florida <u>33309</u>		
		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 Synthore of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	FERNAND V ADRIEN	3601 W COMMERCIAL BLVD SUITE 14	□Add
		FT. LAUDERDALE, FL 33309	≣Remove
			☐ Change
			□Add
			□Remove
			□Change
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			Citternove %
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			<del></del>	2021
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etive date, if other than the effective date is listed, the date must if the date inserted in this bloment's effective date on the De	be specific and cannot be prior to ck does not meet the applicab			
ord specifies a delayed effective filed.	date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	)th day after
i APRIL 26	. 2021	··		
	iM -			
	Signature of a member or authori			

Filing Fee: \$25.00