CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

W.P. Verifier

500003467945--1 -11/17/00--01001--001 *****25.00 ******25.00

CORPORATION(S) NAM	ſE		
		-11/17/00-	?9451 -01001002
		未未来来;3[J_L][) ***** 30.00
Greystone North Rehab, L	.L.C.		
Changing to: North Rehab			
			
() Profit () Nonprofit	(x) Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	Fig. 2. State of the state of t
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
(x) Certified Copy	() Photocopies	() CUS Š	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	00 SE FAL
Name Availability	11/16/00	Order#:	AFFR AP FIL 00 NOV 16 SECRETARY ALLAHASSE
Document Examiner Updater Verifier		Ref#:	AM 9: 12 OF STATE OF STATE
Acknowledgement		Amount:\$	***

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Depart State: Greystone North Rehab, L.L.C.	ment of	جاريد
2.	Jurisdiction of its organization: Delaware		·
3.	Date authorized to do business in Florida: July 7, 2000		
	SECTION II (4-7 complete only the applicable changes)		
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 30, 2000	_	-
5.	New name of the limited liability company: North Rehab NH, L.L.C.		- ·
6.	If the amendment changes the period of duration, indicate new period of duration:		
- 7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
8.	If the amendment corrects any false statement, indicate the statement being correct and the correction:	- ted	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member		APPKUVEI AND FILED
	Curtis Pollock, Chief Financial Officer Typed or printed name of signee	: 12 Alf.	•

Filing Fee: \$25.00

FL007 - 1/21/2000 C T System Online

State of Delaware

PAGE 3

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "GREYSTONE NORTH REHAB,

L.L.C.", CHANGING ITS NAME FROM "GREYSTONE NORTH REHAB, L.L.C."

TO "NORTH REHAB NH, L.L.C.", FILED IN THIS OFFICE ON THE

THIRTIETH DAY OF OCTOBER, A.D. 2000, AT 3 O'CLOCK P.M.

Edward J. Freel, Secretary of State

AUTHENTICATION: 07862

DATE: 11-10-00

3225881 8100

001567012

CERTIFICATE OF AMENDMENT

OF

CERTIFICATE OF FORMATION

- The name of the limited liability company is Greystone North Rehab, L.L.C. Ι.
- The Certificate of Formation of the limited liability company is hereby amended as follows: 2.

Section 1 of the Certificate of Formation is hereby amended and restated in its entirety so that Section 1 shall be and read as follows:

"1. The name of the limited liability company is North Rehab NH, L.L.C.".

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 30th day of October, 2000.

