

P00000074608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

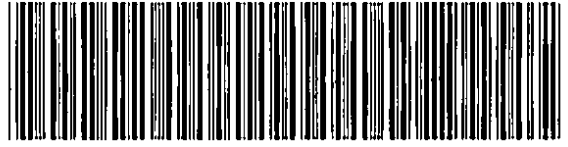
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC - 6 AM 10: 05

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC - 6 PM 3: 54

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 35.00
AUTHORIZATION SIGNATURE: [Signature]
GENERAL REHABILITATION FACILITY Co. P0000074608

Business

Doc. #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy

Certificate of Status

*****PLEASE SEE ALL CHANGES ON THIS AMENDMENT**

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

AMMENDMENTS

Ammendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Conversion

OTHER FILINGS

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing

Limited Partnership

Reinstatement

APOSTIL ()
Country

Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GENERAL REHABILITATION FACILITY CO

DOCUMENT NUMBER: 100000074608

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILTON ARES
Name of Contact Person

ARES & COMPANY CPA PA
Firm/ Company

3636 SW 87 AVENUE
Address

MIAMI, FL 33165
City/ State and Zip Code

GRF33010@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YDIA TAPIA at (305) 229-8256
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

GENERAL REHABILITATION FACILITY, CO

2022 DEC -6 AM 10:05

(Name of Corporation as currently filed with the Florida Dept. of State)

XXXXXXXX074608

SECRETARY
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A


D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ANA CASTILLO
600 EAST 25TH STREET, SUITE F
(Florida street address)

New Registered Office Address: HIALEAH, Florida 33013
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

DocuSigned by:

E0505B7E223D4F4

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>GERARDO JIMENEZ</u>	<u>18536 NW 56 PLACE</u> <u>MIAMI, FL 33055</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ANA CASTILLO</u>	<u>600 EAST 25 STREET, SUITE F</u> <u>HIALEAH, FL 33013</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

I ANA C. CASTILLO, AM THE SOLE OWNER AND REGISTERED AGENT OF GENERAL REHABILITATION.

THE ONLY AUTHORIZED PARTIES TO AMEND IN ANY FASHION ARE ARES & COMPANY CPA OR MYSELF.

ANA C CASTILLO.

SEE ATTACHED NOTARIZED LETTER

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval
 by _____
 (voting group)

Dated 12/6/2022 _____

DocuSigned by: _____
Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANA CASTILLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
FALL ADMINISTRATION

2022 DEC -6 AM 10:05

FILED

General Rehabilitation Facility, Co.

600 East 25th Street, Suite F
Hialeah, FL 33013
Tel (305) 882-7038 - Fax (305) 885-4475
E-mail: GeneralRehabFac@aol.com

December 06, 2022

The Centre
2415 N Monroe Street
Suite 819
Tallahassee, FL 32303

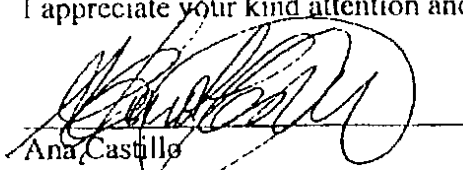
Re: General Rehabilitation Facility, Co,
Tax ID: 65-1030923
Document No: P00000074608

Dear Sir/Madam:

This letter serves to certified that my name is Ana Carolina Castillo, owner of General Rehabilitation Facility, Co. since 08/07/2000. PRESIDENT AND REGISTERED AGENT 100% SHARE (Sec Tax Return attached).

The only person authorized to make any changes in Sunbiz/Division of Corporation, is my CPA Arcs&Company. I do not authorize any other person to make any change in this company without my signature.

I appreciate your kind attention and cooperation to this matter.



Ana Castillo
President

12/06/2022
Dated:

STATE OF FLORIDA
COUNTY OF Miami Dade

Sworn to or affirmed and signed before me on 12/6/2022 by Ana C. Castillo

Guiselle F. Chang

NOTARY PUBLIC

(Print, Type, or Stamp commissioned name of notary of notary or clerk).

- Personally Known
- Produced identification
- Type of identification produced Florida Driver License

