

**P110001140**

Florida Department of State  
Division of Corporations  
Electronic Filing/Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000372812 3)))



H210003728123ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
2021 OCT -5 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MS MEDICAL REHAB CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

OCT - 6 2021  
S. PRATHER

2021 OCT -5 PM 3:44

Articles of Amendment  
to  
Articles of Incorporation  
of

MS MEDICAL REHAB CORPORATION

Florida Document Number: P11000011640

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

DELETE: RAFAEL CAPOTE NODARSE AS PRESIDENT

DELETE: RAFAEL CAPOTE NODARSE AS REGISTERED AGENT

ADD: EDUARDO RIVERO LLANES AS PRESIDENT

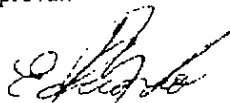
8390 W FLAGLER ST  
SUITE 206 MIAMI, FL 33144

ADD: EDUARDO RIVERO LLANES AS REGISTERED AGENT

8390 W FLAGLER ST  
SUITE 206 MIAMI, FL 33144

These articles of amendment were adopted on 08/12/2021

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

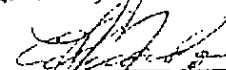
  
Signature

EDUARDO RIVERO LLANES, PRESIDENT

Printed Name and Title

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.*

  
Signature of New Registered Agent, if changing

FILED  
2021 OCT -5 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA