

L000000009906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

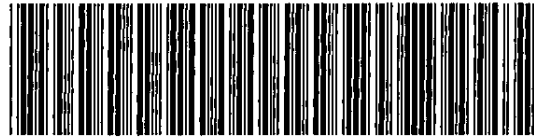
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-9906
JR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Rehabilitation Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Bolera

(Name of Person)

Florida Rehabilitation Services, LLC

(Firm/Company)

10894 Canyon Bay Lane

(Address)

Boynton Beach, FL 33437-4849

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Bolera

(Name of Person)

at (561) 827-5824

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida Rehabilitation Services, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/17/2000 and assigned
document number L00000009906.

SECOND: This amendment is submitted to amend the following:

Article II

Principal Address: 10894 Canyon Bay Lane, Boynton Beach, FL 33437-4849

Mailing Address: 10894 Canyon Bay Lane, Boynton Beach, FL 33437-4849

Article IV

100% Membership assigned to:

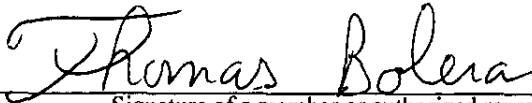
Accelerated Health Systems of Florida, LLC

10894 Canyon Bay Lane, Boynton Beach, FL 33437

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TALLAHASSEE, FLORIDA

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Dated June 14th, 2006.



Signature of a member or authorized representative of a member

Thomas Bolera

Typed or printed name of signee

Filing Fee: \$25.00