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(City/State/Zip/Phone #)

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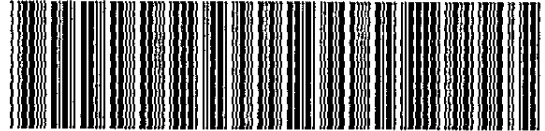
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARE FOR ALL MEDICAL REHABILITATION, 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:

ROOLS PIERRE

(Name of Person)

CARE FOR ALL MEDICAL REHABILITATION, LLC.  
(Firm/Company)

7284 W. OAKLAND PARK BLVD

(Address)

LAUDERHILL, FL 33313

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rools Pierre at (917) 681-7576 (561) 441-620  
(Name of Person) (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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CARE FOR ALL MEDICAL REHABILITATION, LLC.

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was November 03, 2003  
THE DOCUMENT NUMBER IS: L03000042320  
SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

ARTICLE V IS AMENDED:

THE name and address of managing member/managers are,

title: MGR

KELIN DERONVIL  
5174 NE 6<sup>TH</sup> AVE Apt. 513  
OAKLAND PARK, FL 33334 US

TITLE: MGR  
ROOLS Pierre  
1251 EAST 89<sup>TH</sup> STREET  
BROOKLYN, NY 11236 US

Dated APRIL 14, 2006.

  
Signature of a member or authorized representative of a member

Rools Pierre  
Typed or printed name of signee

Filing Fee: \$25.00