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COVER LETTER

PO: Registration Division of	Section Corporations		
SUBJECT: Fam	ily Rehab Solution	ns, LLC	
	(Name of L	imited Liability Company)	
The enclosed Article	s of Amendment and fee(s) are so	ubmitted for filing.	
Please return all corr	espondence concerning this matter	er to the following:	
	Michael I. Berns	tein	
		(Name of Person)	
	Law Offices of M.	ichael I. Bernstein,	P.A.
		(Firm/Company)	ALL AND
	1680 Michigan Av	enue Suite 736	2006 MAR -2 PM 12: 48 SECRETARY OF STATE TALL ANASSEE TLOPID A.A.
		(Address)	F ST
	Miami Beach Flor	ida 33139	DENE HA
	(Cit	y/State and Zip Code)	
For further information	on concerning this matter, please	call:	
Michae]	T. Berstein (Name of Person)	at (305) 672 (Area Code & Daytime	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	AILING ADDRESS: cistration Section ision of Corporations b. Box 6327 lahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Family Renab Solutions, LLC	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on	
SECOND:	This amendment is submitted to amend the following:	
	The name Family Rehab Solutions, LLC is hereby	
	amended to Rehab Systems, LLC.	
	amended to Rehab Systems, LLC.	
	المشرمة	AND DESCRIPTION OF THE PERSON
	ST N	· m
•	F C P R	-
		
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		-
Dated Fe	ebruary 27 ,006	
	791	·
	Signature of a member or authorized representative of a member	
	Michael I. Bernstein, LSQ,	
	Typed or printed name of signee	#. ·

Filing Fee: \$25.00