

Division of Corporations

LOS000115457

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Division of Corporations  
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REHAB CARE, LLC

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Rehab Care, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 2, 2005 and assigned  
Florida document number L05000115457.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Lillian Martinez

New Registered Office Address: 4345 S.W. 72 Avenue, Suite C  
(Enter Florida street address)

Miami, Florida 33155  
(City) (Zip Code)

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Fanny Carmona	4345 S.W. 72 Avenue, Suite C Miami, Florida 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lilian Martinez	4345 S.W. 72 Avenue, Suite C Miami, Florida 33155 MGR	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Javier Loundo	4345 S.W. 72 Avenue, Suite C Miami, Florida 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Lilian Martinez  
\_\_\_\_\_  
Typed or printed name of signer

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