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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1Rehab Now 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:	
Michael D Tuccio Name of Person	
IRehab Now LCC Firm/Company	
13601 Lytton Woy Address	
TAMPA FL 33624 City/State and Zip Code	
MTUCCIO @ TREMA NOW. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael Tuccio at (913) 317 54860 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$	atus &

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

ARTICLES OF ORGANIZATION OF

1 Rehab How LLO					
(<u>Name of the Limite</u>	d Liability Compar A Florida Limited L	iy as it now appears on o iability Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number L _ O S o o o o This amendment is submitted to amend the follo	C8 28.	were filed on	18 2008	and assigned	
	_				
A. If amending name, enter the new name of	the limited liabi	<u>lity company here</u> :			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ity Company," the designat	tion "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		13601 Lytton Way TAMPA FL 33624			
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>	TAMPA F	336	24.	
Enter new mailing address, if applicable:		"Rehab Nou	ع درد		
(Mailing address MAY BE A POST OFFICE I	BOX)	13601 Ly	Hon wa	<u>-</u>	
		TAMPA F	r 3363	<u> </u>	
B. If amending the registered agent and/or the new registered off	_		records, enter	the name of the new	
Name of New Registered Agent:	- Hicha	elATuccio			
New Registered Office Address:	13601	Lytton W			
	~ .	Enter Florida str		22	
	- TAM	City	, Florida _	7in Code	
New Registered Agent's Signature, if changing R		o.i.y		Esp code	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office change.	performance of my d provided for in Chapt	uties, and I am er 605, F.S. Oi ifirm that the l	familiar with and r, if this document is imited liability	
	II Chan	ging Registered Agent, <u>S</u>	ignature of New-	tegispered Agent	
	Page 1	of 3	E1.0	, D	

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MLT Health LLC	13601 Lytton Way	; Add
		TAMPA FL 33624.	Remove
			Change
			Add
			□ Remove
			Change
		 	
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			☐ Change

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. Effective	date, if other than the date of filing:	(optior	nal)		-
Note: If	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dathed date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.				
	d specifies a delayed effective date, but not an effective time, at 12 Oth day after the record is filed.	2:01 a.	m. on	the earli	er of:
Dated	12/14, 2016.		216 25	T1	
	Signature of a member or authorized representative of a member	TARY OF STATE	PEC 29 F		
	Michael Tuccio	F STI	₽ ?:		
	Typed or printed name of signee	26. 26. 26.	=		

Page 3 of 3

Filing Fee: \$25.00