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SECRETARY OF STATE

## COVER LETTER

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TO:	Registration So Division of Con			
CUBIC		EHAB LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Nancy Ralston		
			Name of Person	
		Accessrehab LLC		16 NOV -3 PH 3: 51
			Firm/Company	2 1
		6817 Southpoint Parkway,	Suite 1502	ENOV-3 PH 3:
			Address	
		Jacksonville, FL 32216		بن م
		<del></del>	City/State and Zip Code	
		nralston@conciergecarefl.e		
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information o	concerning this matter, please co	all:	
Nancy l	Ralston		904 534-1655 at ( )	
	Name o	of Person		e Telephone Number
Enclose	d is a check for t	he 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)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accessrehab, LLC	,	_
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L08000031134	ompany were filed on 3/26/08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  Organization for this Limited Liability Company were filed on 3/26/08 and assigned and number L08000031134  It is submitted to amend the following: It has submitted to amend the following: It has distinguishable and contain the words "Limited Liability Company here:  It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or "LLC" o	
		3 S X E
		न्य लिल
Enter new mailing address, if applicable:		(V)
•		and assigned  LC" or the abbreviation "L.L.C."  PHOSE STATE  Ords, enter the name of the new
Muning undress MAT BEAT OF OTTICE BONY		<del></del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the nev
Name of New Registered Agent;		70-17-78
New Registered Office Address:	Enter Florida street address	
	Lines Florida street address	
		Zip Code
	City	ир Соае

## 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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Nancy Ralston	6817 Southpoint Parkway	
		Suite 1502	<b>■</b> Remove
		Jacksonville, FL 32216	☐ Change
MGR	Greg Young	6817 Southpoint Parkway	□ Add
		Suite 1502	■ Remove
		Jacksonville, FL 32216	□ CAnnger SE
MGR	Dave Stifter	6817 Southpoint Parkway	LAHASSE LAHASSE
		Suite 1502	S P C C C C C C C C C C C C C C C C C C
		Jacksonville, FL 32216	3. 5 Change
MGR	James Spriggs, III	6817 Southpoint Parkway	
		Suite 1502	Remove
		Jacksonville, FL 32216	☐ Change
MGR	Concierée Home Care 0 = JACKGONVIILLE, LLC	6817 Southpoint Parkway	<b>⊑</b> Add
	OF JACKGONVILLE, LLC	Suite 1502	☐ Remove
		Jacksonville, FL 32216	☐ Change
			□ Adđ
			□ Remove
			☐ Change

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ffective date, if other than the	date of filing: 11/01/2016		(optional)
an effective date is listed, the date mu	t be specific and cannot be prior to	date of filing or more than 90	0 days after filing.) Pursuant to 605.02
ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable partment of State's records	e statutory filing requirer	ments, this date will not be listed
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The 90th day after the rec	ord is filed.	in enective time, at	12:01 a.m. on the earlier
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November 1,	2016		
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Tours No	'X/ITTU/		
ated November 1.  Nucy Re	Signature of a member or authorize	ed representative of a memb	ber

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Filing Fee: \$25.00