L080003/134

(Requestor's Name)
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<i>,</i> ,,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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COVER LETTER

	Registration S Division of Co					
SUBJEC	Accessreh	ab, LLC				
,	JI:	Name of Lim	ited Liability Company			
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	oondence concerning this matter	to the following:			
		Nancy Ralston				
			Name of Person			
		Accessrehab LLC				
			Firm/Company			
		6817 Southpoint Parkway,	6817 Southpoint Parkway, Suite 1502			
			Address			
		Jacksonville, FL 32216				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		nralston@conciergecarefl.co				
			to be used for future annual report notif	ication)		
For furth	er information	concerning this matter, please co	all;			
Nancy R	Calston		904 534-1655 at ()			
	Name	of Person	Area Code Daytime	Telephone Number		
Enclosed	l 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)		

MAILING ADDRESS:

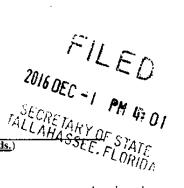
TO:

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF



Accessrehab, 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 Cor	npany were filed on $\frac{3/26/08}{}$	and assigned
Florida document number L08000031134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Wa
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address and a Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida s	wast addings
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my ont as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is
	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	Type of Action
MGR	Robert Young	6817 Southpoint Parkway Ste 1502	
-		Jacksonville, FL 32216	■ Remove
			☐ Change
			Add Till Report
			Remove THAN STATE OF
			SST Change
			Remove
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			☐ Remove
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			☐ Remove
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(If an effective date <u>Note:</u> If the dat	if other than the da is listed, the date must be e inserted in this block ctive date on the Depa	e specific and cannot be k does not meet the a	prior to date of filing or oplicable statutory fi	r more than 90 days aft	t ional) er filing.) Pursuant to 605.020 iis date will not be listed a
If the record spe (b) The 90th da	ecifies a delayed e ay after the record	effective date, bu d is filed.	t not an effective	e time, at 12:01	a.m. on the earlier o
Dated	er 30	2016			
		2			
	naug	Kalston			

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Filing Fee: \$25.00