

1/29/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC
 Account Number : I20080000067
 Phone : (845)425-0077
 Fax Number : (845)818-3588

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SIGMA LINK REHAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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FEB -1 2021
 C Kinsey

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sigma Link Rehab, 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 06/05/2009 and assigned Florida document number 1.09000054798

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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2021 JAN 29 PM 2:54
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

Name of New Registered Agent:

Vcorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Suite 106

Enter Florida street address

Davie

Florida

33314

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GLORIOUS III, LLC	10150 HIGHLAND MANOR DR	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33610	<input type="checkbox"/> Change
MGRM	GLORIOUS IV, LLC	10150 HIGHLAND MANOR DR	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33610	<input type="checkbox"/> Change
MGR	Leopold Friedman	10150 HIGHLAND MANOR DR	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		TAMPA, FL 33610	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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