

LOG 000072638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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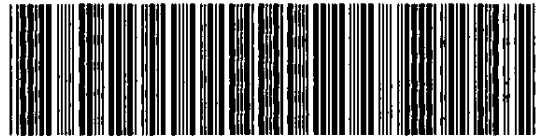
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 13 PM 11:12

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M. THOMAS

NOV 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERFECT HOME REHAB, 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:

JEAN DENIS JOSEPH
Name of Person

Firm/Company

Address

City/State and Zip Code

INFO @ PerfectHomeRehab.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEAN DENIS JOSEPH at (305) 305 6839
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PERFECT Home 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 07/28/09 and assigned
Florida document number LO9000074638.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20415 NW 2 Ave Suite #12
Miami Gardens, FL 33169

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:

Name of New Registered Agent:

New Registered Office Address:

17805 NW 8 Place

Enter Florida street address

Miami Gardens, Florida 33169
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

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---|--|
| MGR | JEAN DENIS JOSEPH | 17805 NW 8 Plale MIAMI GARDEN FL 33169 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Theoline Pierre JEAN | 7763 MIRAMAR PKY HOLLYWOOD FL 33023 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | LAZARE, NOISE | 15551 NE 12 AVE MIAMI FL 33166 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | TOUSSAINT, ROSELIN | 1301 NW 70 th WAY PLANTATION FL 33131 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | EYENS, STEPHANIA | 15225 NE 6 AVE # B306 N MIAMI FL 33166 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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TALLAHASSEE, FL
RECORDS & COMM. DIV.

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

EIN # 27-0629081

Dated November 12, 2009.



Signature of a member or authorized representative of a member

JEAN DENIS JOSEPH

Typed or printed name of signee