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10 DEC IN AMIL: 07
SECRETARY OF STATE

B. BOSTICK
DEC 1 6 2010
EXAMINER

COVER LETTER .

Division of Co	orporations					
SUBJECT:	SUNSHI	NE REHAB, LLC				
		nited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	er to the following:				
	·	Scott MacDonald				
		Name of Person				
		Firm/Company		-		
	774	9 Normandy Blvd., # 145 Address	<u> </u>	-		
		Address				
	Jac	ksonville, Florida 32221		-		
		City/State and Zip Code		$\vec{\Sigma}_{C^{\circ}}$		
	E-mail address:	mac0604@hotmail.com (to be used for future annual report notif	ication)		30 O	,
For further information	concerning this matter, please	call:		HASS!	10	1
Micha	el J. Barker, Esq.	at (904) Area Code & Daytim	354-5500		Ħ	
Name	of Person	Area Code & Daytim	e Telephone Numbe	FORIDA	AM III: 07	فسيها
Enclosed 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) Certified	ate of Stati		sed)

MAILING ADDRESS:

TO:

Registration Section

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

SUNSH	IINE REHAB, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now apper Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	07/31/2009	and assigned	
Florida document number L09000073895	*			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company he	ere:		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	pany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:			-i	
(Principal office address MUST BE A STREET ADDR	RESS)	î	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		e e	- manual property of the control of	
Enter new mailing address, if applicable:			TO P IT	
(Mailing address MAY BE A POST OFFICE BOX)				
			70 J	
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		our records, enter the	he name of the nev	
registered agent and/or the new registered ornee addr	tess nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name Address** Type of Action MGRM Judith G. MacDonald 7668 GORDEAN ROAD ✓ Add Remove JACKSONVILLE, FLORIDA 32221 Judith G. MacDonald MGR 7668 GORDEAN ROAD ☐ Add Remove JACKSONVILLE FLORIDA 32221 ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose of this Amendment is to reflect the fact that Judith G. MacDonald was incorrectly listed as a "Manager" or "MGR" in the original Articles of Organization when Judith G. MacDonald has been since the date of filing of the Articles, the sole Managing Member of Sunshine Rehab, LLC 12.13- 2010 Dated Signature of a member or authorized representative of a member Judith G. MacDonald Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00