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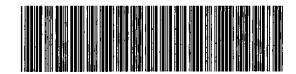
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Certified Copies	_ Certificates	of Status
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EXAMINER



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SECRETARY OF STAIR ON STRUCKS

COVER LETTER

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations						
SUBJECT:The Islands Therapeutic And Rehabilitative Center, LLC						
The enclosed Articles of Art	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	ence concerning this matter	to the following:				
		Shawn Chaco Name of Person				
	The lelevals These	mandia And Dababittatina	Santan II C			
	i ne islands i nera	peutic And Rehabilitative (Firm/Company	Senter, LLC			
	20	20 Cunn Huse Unit AR				
	3820 Gunn Hwy, Unit AB Address					
	т	ampa, Florida 33618				
		City/State and Zip Code				
	Thei	slands2010@gmail.com				
P 6 4 . 1 6	·	to be used for future annual report notif	ication)			
For further information con-	cerning this matter, please c	call:				
	wn Chaco	at (813)	962-4158			
Name of Person		Area Code & Daytin	e Telephone Number			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Registration	G ADDRESS: on Section of Corporations	STREET/COUR! Registration Section Division of Corporation	on			

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Islands Therapeu	itic And Rehabilitativ	e Center, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	13 On Our records.		
The Articles of Organization for this Limited Liability	Company were filed on	11/17/2009	and assig	gned
Florida document numberL03000110712	 •			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited ligbility company her	<u>re</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "LL	.C" or the ab	breviation
Enter new principal offices address, if applicable:			J,, -, -, -, -, -, -, -,	
(Principal office address MUST BE A STREET ADD	RESS)			NSE
			MAR.	<u> </u>
			₹ 2	
Enter new mailing address, if applicable:			N	
(Mailing address MAY BE A POST OFFICE BOX)	-		2	350
	***************************************		7.	35
			0	ic .
B. If amending the registered agent and/or regi		our records, <u>enter th</u>	e name of	the new
registered agent and/or the new registered office ad	<u>dress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:			M. 11. M.	
	En	ter Florida street addre	ess	
		, 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, 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>	Name	Address	Type of Action
MGR	Osmany Guerra	3820 Gunn Hwy, Unit AB Tampa, Florida 33618	Add Remove
MGR_	Marisa Sullivan	3820 Gunn Hwy, Unit AB Tampa, Florida 33618	☐ Add ✓ Remove
warmen de servicio de la companya de			Add Remove
	·		Add Remove
			Add Remove
	·		AddRemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.) —
			
			_
Dated		Mi.	·
		Shawn Chaco Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00