

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000224742 3)))



H110002247423ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number: 120100000009

Phone

: (305)599-0839

Fax Number

; (305)592-9591

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

Email Addi	reas:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RIDA WELLNESS & REHABILITATION CENTER OF HIALEAH,

ښ

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS
SEP 1 4 2011
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

\* FILED

2011 SEP 13 AM 8: 08

## SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FLORIDA WELLNESS & REHABILITATION CENTER OF HLALEAH, L.L.C. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 17, 2009 and assigned Florida document number L09000110901.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CEDA HEALTH OF HIALEAH, L.L.C.

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)

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:

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.

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

Title	Name	Address .	Type of Action
GM	LUANA ALONSO	51 E. 1 AVE. HIALEAH, FL 33010	Add X Remove
MGRM	MARK A. CERECE	DA 51 E. 1 AVE. HIALEAH, FL 33010	X Add Remove Add Remove Add Remove
D. If amend sheets, if necessity	<del>-</del>	rmation, enter change(s) l	here: (Attach additional

Dated on this 7 day of September of 20 11.

MARK A. CERECEDA
Type or Printed Name
Signature of a Member, Managing Member or Manager

2011 SEP 13 AM 8: 88