

L100000128086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2010 DEC 23 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 27 2010

EXAMINER

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA
LL.M. IN TAXATION

THE HAMILTON
2799 NW Boca Raton Blvd., #203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

TWO DAY UPS

December 22, 2010

Florida Department of State
409 East Gaines Street
Clifton Building 2661
Executive Center Circle
Tallahassee, FL 32399

Re: Hollywood Rehab and Medical Center LLC

Dear Sir/Madam:

Enclosed herein for filing you will find an original Article of Amendment to Article of Organization for the above referenced Florida Limited Liability Company.

Please note that this Amendment changes only the mailing address of the company.

Also enclosed is a check in the amount of \$60.00 for filing fee and Certificate of Status and Certified copy of this Amendment.

Finally, also enclosed is a pre-paid, pre-addressed UPS envelope for your convenience in returning documents to us.

Should you have further questions or comments as regards to this matter, please contact the undersigned at our toll-free telephone number as set forth above.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta
SAS/slb
Enclosure

10 DEC 23 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hollywood Rehab and Medical Center 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 December 14, 2010 and assigned
Florida document number L10000128086.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 50167

Lighthouse Point, FL 33074

2010 DEC 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Enter Florida street address

City, **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

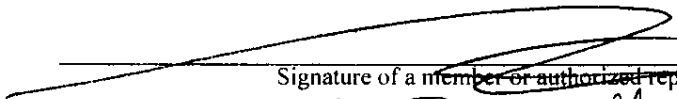
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

SECRETARY OF STATE
TALLAHASSEE, FL 32310
DEC 23 AM 11:05

Dated December 22, 2010.


Signature of a member or authorized representative of a member
Steven A Sciammetta Esquire
Typed or printed name of signee