

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H110000949053)))



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 : EXPRESS CORPORATE FILING SERVICE

Account Number : I2000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FIRST GUARDIAN WELLNESS & REHABILITATION CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

APR 13 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FIRST GUARDIAN WELLNESS & REHABILITATION 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 Con	npany were filed on	02/22/2011	and assigned	
Florida document numberL11000022409				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here	2.		
The new name must be distinguishable and end with the words "L.L,C."	"Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:			76 2	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		AHE TO	
Enter new mailing address, if applicable:			ARY DASSEE	
(Mailing address MAY BE A POST OFFICE BOX)			STATE STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ur records, <u>enter (</u>	the name of the new	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	En	ter Florida street ada	lress	
	City	, Florida	Zip Code	
Name Descriptored Agentla Signature if shanging Designared	A annete			

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 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 Type of Action <u>Address</u> Title Name MGR GABRIEL HERRERA □ Add 9280 SUNSET DR √ Remove MIAMI FL 33173 DR, ARTURO CARVAJAL ✓ Add MGR 9280 SUNSET DR Remove MIAMLEL 33173 ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 11 2011 Dated__ Signature of a member or authorized representative of a member GABRIEL HERRERA

> Typed or printed name of signee Page 2 of 2