L11000044435

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
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Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



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06/23/21--01012--022 **25.00

41.

COVER LETTER

Division of C			
	SPECIALITY CENTER LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and feets) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	YOSBANY PEREZ		
		Name of Person	
	REHAB SPECIALITY CE	ENTERS LLC	
		Furn Company	, , , , , , , , , , , , , , , , , , ,
	3115 W COLUMBUS DR	UNIT 103	,
	·	Address	
	TAMPA, FL 33607		
		City State and Zip Code	<u> </u>
	YOSBANIS2017@YAHO		
		to be used for future annual report no	tification)
For further information	reoncerning this matter, please e	aH:	
YOSBANY PEREZ		813 526-4961 at ()	
Name	e of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed).
	•		
Mailing Address: Regularition Spection		Street Address: Rogistration So	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REHAB SPECIALITY 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 $\frac{04/14/2011}{2}$ ____ and assigned Florida document number _ _ _ _ L11000044438 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BAY CARE HEALTH CENTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" YOSBANY PEREZ Enter new principal offices address, if applicable: 3115 W COLUMBUS DR UNIT 103 (Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33607 SAME 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: YOSBANY PEREZ Name of New Registered Agent: 3415 W COLUMBUS DR UNIT 103 New Registered Office Address: Enter Florida street address ___. Florida FL Zp Code TAMPA

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 605, 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

Af amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YOSBANY PEREZ	3145 W COLUMBUS DR UNIT 103 TAMPA, F	1. 336 ■ Add
			TRemove
			FlChange
			□Add
			⊡Remove
			lChange
			□Remove
			🗆 Change
			Jadd
			□Remove
			ElChange
			□Add
•			□Remove
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			□Add
		·	□Remove
			∐Change

Signature of a member or authorized representative of a member	_	
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated O6/17/2021 Signature of a member or authorized representative of a member.	-	
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Dated 06/17/2021 Signature of a member or authorized representative of a member	(If an et) Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
Signature of a member or authorized representative of a member		· ·
	Dated	06/17/2021
		Signature of a member or authorized representative of a member
YOSBANY PEREZ		YOSBANY PEREZ