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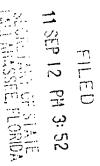
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EXAMINER
SEP 1 3 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sunchine Rehabilitation Group, LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
RENFORD Valentine Name of Person
Burshine Rehabilitation Corp LLC
2331 N. SR7 #124 Address
Lauderhill FL 73713.  City/State and Zip Code  Renfordve yahoo. com  Femal address: (to be used for fitture annual report notification)
City/State and Zip Code  Renfordveyahoo- com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Renford Volentine at (305) 975-22-34  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee \$Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP 12 PM 3: 52

Sunshine	Rehabilitation Group, LLCE, FLORIDA
(Name of the Exhibite)	d Liability Company as it now appears on our records.)  A Florida Limited Liability Company)
The Articles of Organization for this Limited L	Liability Company were filed on 7/7/11 and assigned 18309.
This amendment is submitted to amend the foll	lowing:
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:
The new name must be distinguishable and end wi "L.L.C."  Enter new principal offices address, if applic	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/ registered agent and/or the new registered or	or registered office address on our records, enter the name of the new ffice address here:
Name of New Registered Agent:  New Registered Office Address:	RENFORD Valentine 2331 North State Rd 7 Suite#124
	Enter Florida street address  Lauder hul , Florida 33313  City Zip Code
Norm Thombs Assessed Assessed City (A. 1803).	m 14 14 4

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 **Title Type of Action Name Address** RENFORD ValentinE MGR miller MGR □Add Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00