L12000111697

(Re	questor's Name)			
(Ad	dress)	· ·		
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(Cit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration S Division of Co	ection prporations	en de				
SUBJECT: KIS		EHABILITATION CENT	ER LLC			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	•			
Please return all corresp	ondence concerning this matter	r to the following:				
		TATYANA POLANSK				
		Name of Person				
PROMPTTAX LLC						
		Firm/Company				
145 CYPRESS POINT PKWY UNIT 203						
	•	Address				
	PA	ALM COAST FL 32164				
		City/State and Zip Code				
	PRO	MPTTAX@GMAIL.COM to be used for future annual report notifi	(action)			
For further information	concerning this matter, please of	·	cation)			
	'ANA POLANSK		503-7721			
	of Person	Area Code & Daytime				
Enclosed is a check for t	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, Certificate of Status & 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**

KISSIMMEE LIMITS 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 f	for this Limited Liability Company were	filed on	01/25/2012	and assigned
Florida document number	L12000011697			* •
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liability of	company here:		
The new name must be distinguing. "L.L.C."	ishable and end with the words "Limited Li	ability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices a	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			
				
Enter new mailing address, i	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the registe	ered agent and/or registered office a	address on ou	r records, enter ti	ne name of the new
	new registered office address here:	iddiess on our	i records, <u>enter ti</u>	to name of the new
4				
Name of New Regist	tered Agent:			
New Registered Offi	ce Address:			
		Enter	· Florida street addr	ess ·
			, Florida 💆	<u> </u>
	City	V	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Zip Code
New Registered Agent's Signat	ture, if changing Registered Agent:		ASS	
the provisions of all statutes accept the obligations of my	nent as registered agent and agree to relative to the proper and complete p position as registered agent as provida change in the registered office addrowniting of this change.	erformance of ded for in Cha _l	my duties, and 古d oter 608, F.S. O型	n famuliar with and This⊋document is
	If Changing F	Registered Agent	Signature of New Reg	istered Agent

Page 1 of 2

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>	Name	Address	Type of Action				
MGR	JAMES J BABIAR	9071 LAUREL RIDGE DRIVE MOUNT DORA, 32757	Add Remove				
MGR	Steven Kan	428 Chelsea AVC Davenpore FL 3 383)	☐ Add Remove				
mbR	Sleven KERR	917 Stillwell lane lake many, FL 32746	Add Remove				
			Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add Remove				
			Add Remove				
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)					
			i				
			_				
		•	_				
 Dated			- ,				
		P					
_	Signature of a member or authorized representative of a member						
_	Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00