L1200059888

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		! !	

Office Use Only



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12 SEP -6 AM 8: 59
SECKETARY OF STATE
TAIL THANSSEF, FLORID

C. LEWIS

SEP -6 1002

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 6, 2012

MARCIA DORLUS 5333 N. DIXIE HWY DEERFIELD BEACH, FL 33064

SUBJECT: HEALTHSOUTH REHAB LLC

Ref. Number: L12000059888

We have received your document for HEALTHSOUTH REHAB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Letter Number: 412A00022564

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HEALTI	ASOUTH REH	AB LLC	
5000001.	Name of Limi	ted Liability Company	
			,
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	MARCIA	DORLUS	
		Name of Person	
·	HEALTHSOUT	TH REHAB LLC	
		Firm/Company	
	_5333 N.	DIXIE HWY Address	
			•
	POMPANO E	3GACH, FL 33069	<u> </u>
	HEALTHSOU	BEACH, FL33064 City/State and Zip Code THREHABEGMAIL	.coM
	E-mail address: (to be used for future annual report notification	on)
For further information cor	ecerning this matter, please of	call:	
MARCIA DO		at <u>954, 708 297</u> Area Code & Daytime Tel	2
Name of I	?erson	Area Code & Daytime Tel	lephone Number
Enclosed is a check for the	following amount:		
	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat	NG ADDRESS: tion Section of Corporations	STREET/COURIER Registration Section Division of Corporatio	
P.O. Box		Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

P0 150 30HT

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0510010100 05100 7107100100

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP -6 AM 8: 59

HEALTHSOUTH REHAE		SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L</u> 120005788	any were filed on 5-	3-12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here	:
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	••••••••••••••••••••••••••••••••••••••	
	Ente	er Florida street address
	City	, FloridaZip Code
	Unity	Lap Cour

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

Page 1 of 2

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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:

MGRM = M	lanaging Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MERM	MICHAEZ (weiss	5333 N. DIXIE HWY FORFANO BEACH, FC 33064	Add Remove
MGRM	TAMARA 1	AUSTIN	5333 N. DIXIE HWY POMPAND BOACH, FL 33064	Add Remove
MGR	MARCIA	Dorlus	5333 N. Dixie Hwy Pompano Beach, FL 33064	Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amend	ding any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
-				FILL FILL
				MOF ST
Dated <u>SE</u>	PTEMBOR &	1/-		59 ATE -
	MArci	A Dorli	r authorized representative of a member y S r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION OF

12 SEP -6 AM 8: 59

HEALTHSOUTH REHAB	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Plorida document number 120005988	were filed on 5-3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,	" the designation "LLC" or the abbreviation
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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our re:	records, enter the name of the new
Name of New Registered Agent:		•
New Registered Office Address:		·
	Enter	Florida street address
	C:	, Florida
New Degictared Agents Companies if shanging Vacintared Agents	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

Page 1 of 2

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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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MICHAEZ WEISS	5333 N. Dixie Hwy	Add Remove
MGRM_	TAMARA AUSTIN	5333 N. DIXIE HWY POMPAND BEACH, FL 33064	Add
MGR	MARCIA DORLUS	5 5333 N. Dixie Hwy Pompano Beach, FL 33064	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)	
_			
			F 12 SEP - SECRETA TAIL AHA
Dated SCI	CA CA	3012	FILED -6 AM 8: (48Y OF SID (48SEE, FLORE)
	MArcia 2	of a member or authorized representative of a member O C U S Typed or printed name of signee	* 59

Page 2 of 2

Filing Fee: \$25.00