L12000063607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L12-63607

(Document Number)

Certified Copies _____ Certificates of Status _____

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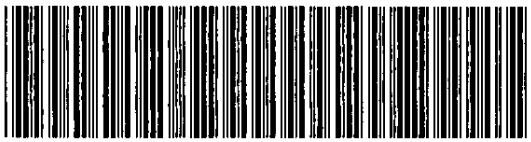

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FILED
12 JUL 27 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SOUTH FLORIDA HEALTH + REHAB LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRIS RAMAC
Name of Person

SOUTH FLORIDA HEALTH + REHAB LLC
Firm/Company

3469 N. DIXIE HWY
Address

OAKLAND PARK, FL 33334
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRIS RAMAC at (954) 6179898
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [X] $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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2012

KRIS RAMAC
3469 NORTH DIXIE HIGHWAY
OAKLAND PARK, FL 33334

SUBJECT: SOUTH FLORIDA HEALTH & REHAB LLC
Ref. Number: L12000063607

We have received your document for SOUTH FLORIDA HEALTH & 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 312A00018661

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 JUL 27 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOUTH FLORIDA HEALTH + REHAB 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 5-10-12 and assigned Florida document number L12000063607.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: TAMARA AUSTIN

New Registered Office Address: 3469 N. DIXIE HWY
Enter Florida street address

OAKLAND PARK, **Florida** 33334
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.

Tamara Austin
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	Name	Address	Type of Action
P	GERLANDO ZAMBUTO		☐ Add ☒ Remove
P	TAMARA AUSTIN		☒ Add ☐ Remove
VP	KRIS RAMAC		☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JULY 23, 2012.

Kris Ramac
Signature of a member or authorized representative of a member

KRIS RAMAC
Typed or printed name of signee

Filing Fee: $25.00