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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

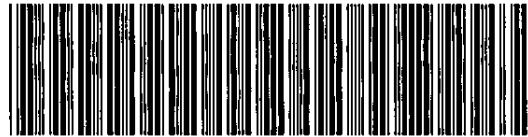
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Rehab A Home, 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:

**Abel Gonzalez**

Name of Person

**Rehab A Home, LLC**

Firm/Company

**151 N. Nob Hill Road, Suite 299**

Address

**Plantation, FL 33324**

City/State and Zip Code

**pintogonzalez@comcast.net**

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

For further information concerning this matter, please call:

**Abel Gonzalez**

Name of Person

**786 514-5564**

at ( )

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,  
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

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2012 NOV 18 PM 1:59  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Rehab A Home, 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 09/20/2012 and assigned Florida document number L12000120769.

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)**

151 N. Nob Hill Road

Suite 299

Plantation, FL 33324

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: Abel Gonzalez

New Registered Office Address: 151 N. Nob Hill Road, Suite 299  
*Enter Florida street address*

Plantation, Florida 33324  
*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carolín Colon	9000 Sheridan St.	<input type="checkbox"/> Add
		Suite 9	<input checked="" type="checkbox"/> Remove
		Pembroke Pines, FL 33024	
MGRM	Abel Gonzalez	151 N. Nob Hill Road	<input checked="" type="checkbox"/> Add
		Suite 299	<input type="checkbox"/> Remove
		Plantation, FL 33324	
MGRM	Deissy Gonzalez	151 N. Nob Hill Road	<input checked="" type="checkbox"/> Add
		Suite 299	<input checked="" type="checkbox"/> Remove
		Plantation, FL 33324	
MGRM	Jacob Gonzalez	151 N. Nob Hill Road	<input checked="" type="checkbox"/> Add
		Suite 299	<input type="checkbox"/> Remove
		Plantation, FL 33324	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated November 13, 2013



Signature of a member or authorized representative of a member

**Abel Gonzalez**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

2013 FEB 18 PM 1:58

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