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**Enter the email annual repor Email Addres	Account Number : 12(100000009 Phone : (305)599-0839 Fax Number : (305)592+9591 address for this business entity to t mailings. Enter only one email add:	be used for future
	ND/RESTATE/CORRECT OR M/M SSIVE STAR REHABILITATION CE	,
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### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: PROGRESSIVE STAR REHABILITATION CENTER 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:

# LUCIA ESTRELLA

Name of Person

## **CONSTRUCTION & ENGINEERING SCHOOL**

Firm/Company

# 8300 WEST FLAGLER ST

Address

MIAMI, FL. 33144

City/State and Zip Code

RUTHLEDESMA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LUCIA ESTRELLA

Name of Person

"<sub>305</sub>,226-8727

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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:

Ares Code & Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 26(1) Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PROGRESSIVE STAR 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 for this Limited Liability Company were filed on 03/14/2013 and assigned Florida document number 13000038482

This amondment is submitted to amond 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 "LLC."

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:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	8
	Ciry	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

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Page 1 of 3

\*From!

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:

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#### MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action	
MGRM	YURELIS VALERON	4800 WEST FLAGLER S	T Add	
		SUITE 214	Remove	
		CORAL GABLES, FL. 3313	4	
MGRM	JESUS JULIEN	4800 WEST FLAGLER S	T Add	
		SUITE 214	Remove	
		CORAL GABLES, FL. 3313	4	
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Page 2 of 3				

}

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

Dated AUGUST 12 20/ Signature of a member or authorized representative of a member

ESTRELLA PEREZ

Typed or printed name: of signee

Page 3 of 3

Filing Fee: \$25.00