## 113000077799

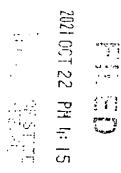
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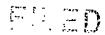
## **COVER LETTER**

TO: Registration Division of C			
	REHAB LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alex Deeb		
		Name of Person	
	Phone Rehab LLC		
		Firm/Company	
	10026 Spanish Isles Blvd	Suite B8	
		Address	
	Boca Raton, FL 33498		
	AllPhonesPro@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information Alex Deeb	concerning this matter, please c	all: 561 900-6377	
Alex Deeb			
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u> ailing Addi	·ess:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2021 DOT 22 PM 1. 15

Zip Code

PHONE REHABILLC		20%	21 OCT 22	PH 4: 15
		ny as it now appears on our rec iability Company)	. :	OF STATE
The Articles of Organization for this Limited I Florida document number L13000077795	iability Company.	were filed on		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "I	.LC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:	10026 SPANISH ISLES BI	ND	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 8		
		BOCA RATON, FL 33498		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10026 SPANISH ISLES BI	<i>N</i> D	
		SUITE 8	<del></del>	
		BOCA RATON, FL 33498	-	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	ss here:	Idress on our records, ent	er the nam	e of the new register
New Registered Office Address:	, <u>-</u>	Enter Florida street add	ress	
	BOCA RATON		Clasida 33-	198

## 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MOSHE ATON	18258 CORAL CHASE DRIVE	
	<del> </del>	BOCA RATON, FL 33498	□Add
			≣Remove
			□Change
			□Remove
			Change
	<del></del>	<del></del>	
			□Remove
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			□Remove
			□ Change

, mamei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect Note: If	te date, if other than the date of filing:
he record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/18/20/
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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