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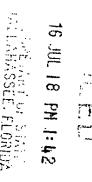
| (F | Requestor's Name) | |
|----------------------|-------------------------|--------|
| (/ | Address) | |
| (/ | Address) | |
| . (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| 1) | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
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|------------|------------------------------------|--|--|---|
| SUBJEC | | EHAB LLC | | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | um all correspo | ndence concerning this matter | to the following: | |
| | | VITALIY PERSHIN | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 8320 SANDS POINT BL | VD SUITE M208 | |
| | | . | Address | |
| | | TAMARAC FL 33321 | | |
| | | *** | City/State and Zip Code | |
| | | BUYINGFORCASH@GM | | |
| | | • | to be used for future annual report notifi | cation) |
| For furthe | r information c | oncerning this matter, please co | all: | |
| VITALIY | Y PERSHIN | | 954 614-0878 at () | |
| | Name o | f Person | | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| \$25.00 | 0 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) |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HOU3E REHAB LLC | | | | |
|---|--|-----------------------------------|------------|------------|
| (Name of the Limite | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | | | |
| The Articles of Organization for this Limited Lia | ability Company were filed on 01/20/2015 | an | d assigr | ned |
| Florida document number L15000010489 | | | | |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liability company here: | | | |
| PERSHIN REHAB LLC | | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Company," the designation "LLC" or the | abbreviatio | n "L.L.C | . " |
| Enter new principal offices address, if applica | ble: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | 700 c 100 20 7 c 20 70 c | | |
| (Mailing address MAY BE A POST OFFICE B | 3OX) | The St. | <u>_</u> | |
| | | 225 | <u></u> | |
| | | <i>V</i>) 0 | ထ | ļ |
| B. If amending the registered agent and/o | or registered office address on our records, ent | er the na | merof | the nev |
| registered agent and/or the new registered off | | LONIC | - | 1 PARTIES. |
| - | | ≥ | (2) (2) | |
| | | <u> </u> | NO. | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | , Florida | | | |
| | City | 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 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.

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> | Address | Type of Action |
|--------------|----------------|----------------------------------|--------------------|
| MGRM | PROPERTY TRUST | 8320 Sands Point Blvd Suite M208 | □ Add |
| | | Tamarac FL 33321 | ■ Remove |
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| n effective date is ote: If the date | other than the d listed, the date must b inserted in this bloc ive date on the Dep | e specific an k does not : | d cannot be p meet the ap | plicable s | of filing or tatutory fil | more than one require | 90 days after | onal) | ent to 60 | |
| erecord spec The 90th day | ifies a delayed of after the recor | effective (d is filed) | date, but | not an | effective | time, a | t 12:01 : | a.m. on th | ne earl | lier (|
| ated <u>7 -</u> | 9 – | | .201 | 16 |) | | | | | |
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Page 3 of 3

Filing Fee: \$25.00