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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER.

	gistration Sec ision of Corp			
SUBJECT:	Prime Reha	b LLC		
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Charisse Andrade		
			Name of Person	
		Prime Rehab LLC		
			Firm/Company	
		6246 Tigerflower Court		
		·	Address	
		Land O Lakes FL 34639		
			City/State and Zip Code	
		Pao_cuyugan@yahoo.com	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further in	nformation co	oncerning this matter, please co	·	meanon)
Paul Cuyuga	an		813 8411768 at ()	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Rehab LLC				
(Name of the Limi	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)		
	(A Fiorida Elithed Entority Company)	<u> </u>		
The Articles of Organization for this Limited L	iability Company were filed on 2/26/2015	<u> </u>		
Florida document number L15000034057				
		ASSET OF ASSET		
This amendment is submitted to amend the following	lowing:	SEE ON CONTRACTOR		
A. If amending name, enter the new name of	of the limited liability company here:	OF STATE		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our rec office address here:	ords, <u>enter the name of the nev</u>		
Name of New Registered Agent:	Charisse Andrade			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zıp 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
Ms	Charisse Andrade AR AMBR	6246 Tigerflower Court	
		Land O Lakes FL 34639	☐ Remove
			□ Change
Mr	Paul Vincent Cuyugan AR AMBR	6246 Tigerflower Court	Add
		Land O Lakes FL 34639	☐ Remove
			Add
			Remove
			Change
			D Add
			Remove
			Change
			□ Add
			SECRETARY OF STATE JUN OF CORPORATIONS 15 JUN OF AME II: 12 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE
			Change

	ding any other informatio	m, enter change(s) here	. (Antien diamonal sneets	, y neceasury.)	
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If an offect Note: If	e date, if other than the di	e specific and cannot be prior t k does not meet the applica	to date of filing or more than 90 o	(optional) days after filing.) Pursua ents, this date will no	nt to 605.020' t be listed as
documen	nt's effective date on the Dep	artment of State's records.			
	ord specifies a delayed of the record		an effective time, at 1	.2:01 a.m. on the	earlier o
Dated _	Ce/24/18			.~	<u>\</u>
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			cent Cuyrogan	\ /	

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Filing Fee: \$25.00