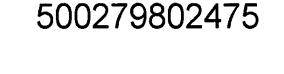
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FloRIDA ReHABILITATION AND Recovery Seevilles, 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:
IRACE Cox Name of Person
Florida RehabiliTATION & Recovery Seasing LLC
6651 Falconsgate Avenue Address
DAVIE FL 33331 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solon Filing Fee & Certificate of Status}\$ \$\times \text{Solon Filing Fee & Certificate of Status}\$ \$Certified Copy (additional copy is enclosed) \$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

TO ARTICLES OF ORGANIZATION **OF**

Chaire Paralitication AND Parante Consider 140

(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1/5000/04980	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	665 FAICONS gate AVE 5
(Principal office address MUST BE A STREET ADDRESS)	Davic, FL 33331
	<u> </u>
Enter new mailing address, if applicable:	665 Falconsgate Ale N
(Mailing address MAY BE A POST OFFICE BOX)	Davie FL 3333 5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :
Name of New Registered Agent.	
New Registered Office Address: 663	FAICONSGATE AVE EnterFlorida street address Florida 33331
	VI e, Florida 3333 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 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Giulio Staino	2953 W. Cypiess Cirex LOAD	🗆 Add
		# 101	Remove
		Ft. Lauderdale, FL 33309	Change
MGR	TRACE COX	Ft. Lauderdale, FL 33309 655 Falconsgate Ave	☑ Ādd
		Davie, FL 33331	☐ Remove
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Effec	tive date, if other than the date of filing: (optional)		
Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pour lifthe date inserted in this block does not meet the applicable statutory filing requirements, this date with	irsuant to t Il not be l	isted as t
docur	nent's effective date on the Department of State's records.		
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ea	rlier of:
) The	e 90th day after the record is filed.		
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Dated	12/8 2015 1 suce Cox		
	Signature of a member or authorized representative of a member		
	TRACE COX		

Page 3 of 3

Filing Fee: \$25.00