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(City/State/Zip/Phone #)

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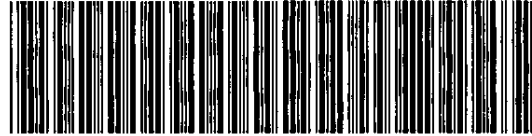
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
JUN 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA REHABILITATION AND RECOVERY SERVICES, 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:

David Hatton

Name of Person

David L. Hatton, P.A.

Firm/Company

2960 Wentworth

Address

Weston, Florida 33332

City/State and Zip Code

dhatton@hattonlaw.com

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

For further information concerning this matter, please call:

David Hatton

at (786) 373-8899

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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**

FLORIDA REHABILITATION AND RECOVERY SERVICES, 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 June 16, 2015 and assigned
Florida document number L15000104980.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: David Hatton

New Registered Office Address: 2960 Wentworth

Enter Florida street address


Weston, Florida 33332

City

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.



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> | <u>Type of Action</u> |
|--------------|--------------|-----------------------------------|---|
| MGR | Trace Cox | 6651 Falconsgate Avenue | <input type="checkbox"/> Add |
| | | Davie, Florida 33331 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Garry Jonas | 600 W. Hillsboro Blvd., Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Deerfield Beach, Florida 33441 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Robert Orr | 27 SE 24th Avenue, #6 | <input checked="" type="checkbox"/> Add |
| | | Pompano Beach, Florida 33062 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Scott Modist | 600 W. Hillsboro Blvd., Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Deerfield Beach, FL 33441 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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CLERK OF STATE
TALLAHASSEE, FLORIDA

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> | <u>Type of Action</u> |
|--------------|--------------|-----------------------------------|---|
| MGR | David Hatton | 600 W. Hillsboro Blvd., Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Deerfield Beach, Florida 33441 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | James Hull | 600 W. Hillsboro Blvd., Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Deerfield Beach, Florida 33441 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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 TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 23, 2016

[Signature]

Signature of a member or authorized representative of a member

Trace Cox

Typed or printed name of signee

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JUN 27 1967
SECRETARY OF STATE
TALLAHASSEE, FLORIDA