

L15000194409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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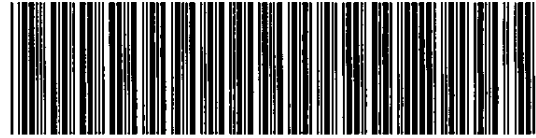
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOPE AND GRACE REHABILITATION, 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:

REGINALD D. JONES

Name of Person

HOPE AND GRACE REHABILITATION, LLC

Firm/Company

4861 N. DIXIE HIGHWAY, SUITE 201A

Address

OAKLAND PARK, FLORIDA 33334

City/State and Zip Code

EnhanceRecovery@outlook.com

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

For further information concerning this matter, please call:

REGINALD D. JONES

754

779-1830

at ()

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOPE AND GRACE REHABILITATION, 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 NOVEMBER 17TH, 2015 and assigned
Florida document number L15000194409.

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)

4861 NORTH DIXIE HIGHWAY

SUITE 201A

FORT LAUDERDALE, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4861 NORTH DIXIE HIGHWAY

SUITE 201A

FORT LAUDERDALE, FL 33334

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: REGINALD D. JONES

New Registered Office Address: 4861 NORTH DIXIE HIGHWAY, SUITE 201A

Enter Florida street address

FORT LAUDERDALE, Florida 33334

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>
AMBR	RODRIGO L SAAVEDRA	3000 North Federal Highway	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, Fl. US 33306	<input type="checkbox"/> Change
AMBR	ALAN COHEN	4861 North Dixie Highway	<input type="checkbox"/> Add
		Suite 201A	<input type="checkbox"/> Remove
		Fort Lauderdale, Fl. US 33334	<input checked="" type="checkbox"/> Change
MGR	REGINALD D. JONES	4861 North Dixie Highway	<input type="checkbox"/> Add
		Suite 201A	<input type="checkbox"/> Remove
		Fort Lauderdale, Fl. US 33334	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 10TH, 2016

R. Olph
Signature of a member

Signature of a member or authorized representative of a member

REGINALD D. JONES, MGR, HOPE AND GRACE REHABILITATION, LLC

Typed or printed name of signee