## 16000023674

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CHIASSEE FLORDS

OCT 1 6 2019

S. YOUNG

SEP 30 PH # 15

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	ental Reha	b, LLC ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
New +		Perry Name of Person! I Rehab, L Firm/Company Lago Way Address	
	Martar david @ 1 E-mili address:	d FL 32= City/State and Zip Code Cehab 4 Ven to be used for future annual report notif	tals. com
For further information c	oncerning this matter, please co	ati:	
Hillary	Person Person	at ( <u>407)</u> <u>797</u> . Area Code Daytime	-9924 Telephone Number
Enclosed is a check for t	he fullowing amount:		
S25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	D \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC AMBRESS	STRFFT/COURT	SP ANNOESS

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

Address Change Taltaliassee (Old ress) \* 2072 Hayfield way Address) Apopka, FL 32712

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF C	ORGANIZATION E
O	F SP T
Render Reh	Wy as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LILLDOOD23Le72	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Orange Cloud (D)  The new name must be distinguishable and contain the words "Limited Liabiletones".	nstruction. LLC.
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)  B. If amending the registered agent and/or registered of	LeO4 Trelago Way, 101 Maitland, Fr. 32751  Tice address on our records, enter the name of the new
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	Florida
	Cuy Ziv 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change
		☐ Remove	
			☐ Change
			Add
			□ Remove

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(If an effi Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	9/25/19
1,541.241	
<i>5</i> <b>.</b>	Signature of a member of puthorized representative of a member

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Filing Fee: \$25.00