

**L160000048221**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000364989 3)))



H200003649893ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2020 OCT 20 PM 4:37

2020 OCT 20 PM 4:37

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REHAB & THERAPY WELLNESS OF SOUTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 OCT 20 PM 4:42

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

V. SUIKER

OCT 21 2020

**Articles of Amendment to LLC Articles of Organization of**REHAB & THERAPY WELLNESS OF SOUTH FLORIDA LLC.

The Articles of Organization for this Limited Liability Company were filed on  
3/8/16 and assigned Florida document number  
46000048221.

This amendment is submitted to amend the following:

CHANGE OF ADDRESS: 9600 SW 8th Street Suite 26  
(ALL)  
MIAMI FLORIDA 33174

2020 OCT 20 AM 8:42

These articles of amendment were adopted on 10/20/20

Dated 10/20/20

  
Signature of a member or authorized representative of a member

Cesar Bello

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing