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## **COVER LETTER**

	tegistration Sec Division of Corp				
SUBJECT		edical and Rehab LLC			
SUBJEC	·	Name of Limi	ited Liability Company		
		Amendment and fee(s) are subtendence concerning this matter	-		
		Jeffrey M. Moscow			
			Name of Person		<b>34</b>
		Sunrise Medical and Reh	ab LLC		٠
			Firm/Company		- 5, Sept.
		272 Mobbly Bay Drive			- 16 JUN 20
			Address		
		Oldsmar, FL 34677			
			City/State and Zip Code		~
		DrJMoscow@yahoo.com			
	**	E-mail address: (	to be used for future annual r	eport notification)	
For further	r information c	oncerning this matter, please ca	all:		
Jeffrey	M. Moscow			74-3434	
	Name o	f Person	at () Area Code	Daytime Telephone Number	:r
Enclosed	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certifie	ate of Status &
		ING ADDRESS:		//COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunrise Medical and Rehab LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. .iability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000065855		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	B 22
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	272 Mobbly Bay Drive	<b>23</b> 数数
(Principal office address MUST BE A STREET ADDRESS)	Oldsmar, FL 34677	
		11: 08
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Name	Address	Type of Action
AMBR	Suzanne A. Salhab	11946 Skylake Place, Unit D	
		Temple Terrace, FL 33617	Remove
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Ju ated	ine 14		2016				
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Filing Fee: \$25.00