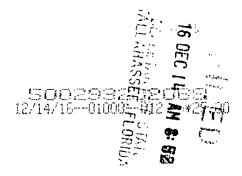
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(Requ	estor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
OLUD II		ilitation and Healthcare Holdin	gs LLC	
SUBJ	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Peter A. Lewis		
			Name of Person	
		Law Offices of Peter A. Le	ewis, P.L.	
		And the second s	Firm/Company	
3023 N. Shannon Lakes Drive, Suite 101				
			Address	
		Tallahassee, Florida 32309	1	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		palewis@petelewislaw.com		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Peter A	A. Lewis		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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

PSL Rehabilitation and Healthcare Hold	Q		·
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our lorida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 08/29/2016		and assigned
Florida document number L16000161719	·		
his amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation	n "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable	;		
Principal office address MUST BE A STREET A	DDRESS)		
		7.	
Enter new mailing address, if applicable:	 -		16.0
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	35.	<u> </u>
•	***************************************	38	nezv
			# 177
3. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the	e nume(öf the) en Bo
Name of New Registered Agent:			····
New Registered Office Address:			
	Enter Florida street	address	
_	, .	, Florida	
	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>	Type of Action
AMBR	Asher Rosen	392 Summit Avenue,	
		Cedarhurst, NY 11516	Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			SS DAdd
			Remove □ Change
			□ Add
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ective date, if other than the	date of filings			(optional)	
effective date is listed, the date mus	t be specific and cannot be			days after filing.) Pu	
te: If the date inserted in this blument's effective date on the De			ory ming requiren	ients, this date wii	not be listed
record specifies a delayed he 90th day after the rec		: not an effe	ctive time, at	12:01 a.m. on	the earlier
ed November 30	2016				
701		 •			
			sentative of a memb		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00