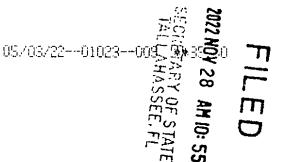
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>L16000168301 Bahrsons Health</u> Services, LL
The applicant Arists of A. J. L. L. C. C. L. L. C. C. L. L. C. C. L. C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PABITRA Singh Name of Person
Singh & Associates, Lle Firm/Company
8201 Peters Rd \$1000-20
Mardation Pl 33324
City/State and Zip Code  9 Smaeld It @ 9 mail com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PABITRA Singh at 984, 260-3497  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	<del>_</del> :	<b>202</b>
Bahrsons Healt (Name of the Limited Liability Company (A Florida Limited Liab	h Services 1E	FILE NOV 28 AP
(A Florida Limited Lia)	offity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>LIGOOT 16830</u> .	as it now appears on our records.  Billity Company)  ere filed on 98206	F STATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Bah 50 NS Rehab and The new name must be distinguishable and contain the words "Limited Liability".	130100CC //C	breviation "L.L.C."
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)		
(Staining dualess 1974) 1927 (1975) OF THE SECOND		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	idress on our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dudes, and rum, wavided for in Chapter 605, F.S. Or.	, if this document is

If Changing Registered Agent, Signature of New Registered Agent

## ા મામ માર્ગ પ્રવાસ કર્યો કાર્ય કર્યો પ્રવાસ કર્યો પ્રવાસ કર્યો છે. ianage, <u>enter the title, name, and address of each person\_being added</u>

or removed	<u>lrom</u>	our	records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
	-		□Add
			□ Remove
			©Change
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t'an effec Note: H	the date, if other than the date of filing:  April 29 202-2 (optional)  The 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.	0 <b>20</b> 7 d as
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	the
Dated _	4/29 2022 (1) Ismael Bahr	
	(J.) Ismael Bahr	
	Signature of a member or authorized representative of a member	