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D. BRUCE JAN 12 2017

COVER LETTER

	stration Section sion of Corpora					
SUBJECT: _	Myoactiv	e Rehabilitati	on LLC ited Liability Company			
The enclosed	Articles of Ame	ndment and fee(s) are sub	mitted for filing.			
		ce concerning this matter	•			
	_	Javica	Busutil Name of Person			
	_		Firm/Company			
	_	13419 8	Address			
	_	Miani,	FL 33175 City/State and Zip Code		2017 SEC 1/ALL	
		E-mail address: (Busutil @ quail.		JAN 11	1 1
For further info	ormation concer	ning this matter, please ca	all:		E P	
Javie	Name of Person	ati (at (<u>305</u>) <u>281 -</u> Area Code Dayti	me Telephone Number	P 1: 05	
Enclosed is a c	check for the fol	lowing amount:		v		
☑ \$25.00 Fil	ing Fee 🗆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Myoactive Rehabilitation	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17600003355</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	ere filed on and assigned
. The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "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)	
-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
registered agent and/of the new registered office address here.	7
Name of New Registered Agent:	ALL SE
rame of New Registered Agent.	<u> </u>
New Registered Office Address:	Enter Florida street address 6023
	Enter Fortale sacces and ess.
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	05
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Jovies Busutil	13419 SW 16th Ln	
		Miami, FL 33175	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			SCCRETAR SLCRETAR
<u></u>			SCORE JARY OF STATE ALLAH/SSEE, FLORIDA
			□ Remove
			🗖 Add
			□ Remove
			□ Change

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on effective 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 605.020 to te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	<u> </u>	<u> </u>						<u></u>	_
	an effective date is listed Note: If the date inser	d, the date must be spec rted in this block does	ific and cannot s not meet the	applicable st	of filing or more atutory filing r	than 90 days aft	tional)	suant to 6	 05. ste
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erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	ated Januar	4 7th	, <u>30</u>	017					
The 90th day after the record is filed.			\sim	w.					
The 90th day after the record is filed.			حلصيلة	<u> </u>					

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