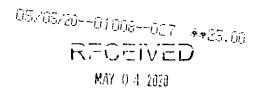
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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Office Use Only



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Tammy King 5820 Mariner St Tampa, FL 33609

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs/Madam,

I am writing to change the address of the registered agent. I recently submitted my annual report and thought I updated the address throughout, but apparently missed on of the addresses.

I, Tammy King, am still the registered agent, but have a new address. It is included in this downloaded form.

The new address is 5820 Mariner St. Tampa, FL 33609.

Please find both a check for the payment (\$25) and the Articles of Amendment.

My mobile (contact) number is 813-601-2110.

Thank you,

Tammy King

5820 Mariner St

Tampa, FL 33609

Mobile: 813-601-2110

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rehab2U, LLC			
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	is.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000095288</u> .		5/1/2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	! Liability Company," the designation "LLC	C" or the abbreviation L.L.C."	
Enter new principal offices address, if applicable:	5820 Mariner St		
(Principal office address MUST BE A STREET ADDRES	<u>CS)</u> Tampa, FL 33609		
Enter new mailing address, if applicable:	5820 Mariner St	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33609	in O	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records, <u>enter</u>	the name of the new register	
	- 3		
New Registered Office Address: 5820 Mai	5820 Mariner St  Enter Florida street address		
Tampa	<u>Tampa</u> <b>Florida</b> <u>33609</u>		
	P.	Zip Code	
New Registered Agent's Signature, if changing Registered A	rgent:		

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 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
			□Add
		<del>-</del>	□Remove
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			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated February 1 ammy Signature of a member or authorized representative of a member Tammy King

Typed or printed name of signee