L17000190419

Florida Department of State

Division of Corporations

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DADE THERAPY & REHAB CENTER LLC

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S. WARREN

OCT 10 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000265625

Dade Therapy & Rehab Center, LLC.
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/08/2017 and assigned Florida document number L17000190419

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dade Medical & Rehab Center, LLC.

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)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Ernesto F. Belfast

New Registered Office Address: 1154 W. 30 St.
Enter Florida street address

Hialeah, Florida 33012
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
____	Menendez Noa, Carlos A.	8260 West Flagler St.	☐ Add
		Suite 2B	☑ Remove
		Miami, FL. 33144	☐ Change
MGR	Ernesto F. Beltrist	8260 West Flagler St.	☑ Add
		Suite 2-B	☐ Remove
		Miami, FL. 33144	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an 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 605.0207 (3)(b)
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 10/09/2017

Signature of a member or authorized representative of a member

Ernesto F. Belfast

Typed or printed name of signee

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