Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000190620 3)))



H190001908203ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future © annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DADE MEDICS & REHAB CENTER, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T GLASS

Articles of Amendment to LLC Articles of O	rganization	of
Dode Medics 3 Rehab (	120ter	10
The Articles of Organization for this Limited Liability Compa and assigned Florida docume LTDOO 904 9	uny were filed on ent number	<u>CC</u> .
This amendment is submitted to amend the follow	ving:	
Change to AMBR:	_	
HIEXIS PEIZEZ	· · · · · · · · · · · · · · · · · · ·	
		· <del></del>
Change to MOR! ERNESTO BELFAST	2019 JUN	
CILLOESTO NGLEAST	<u> </u>	
	. 9	_
These articles of amendment were adopted on 6/18/19		
Dated		
Signature of a member or authorized representative of a me	mber	
Typed or printed name of signee  New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acceptosition.	t the obligations of the	
Signature of New Registered Agent, if changing		