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COVER LETTER

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CHOIFCT.	HULETT C	CONSTRUCTION FOR REHA	B GROUP, LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ALAN M. STEIN				
	Name of Person					
		3930 SR 64 EAST	3930 SR 64 EAST			
			Address			
	BRADENTON, FL 34208					
			fication)			
		steinaccounting@yahoo.co				
		E-mail address: (to be used for future annual report notif	· 2		
For further in	nformation c	oncerning this matter, please c	all:	1		
ALAN M. S	TEIN		941 749-5364 at ()	D D		
	Name o	f Person	Area Code Daytim	e Telephone Number ?		
Enclosed is a	check for the	he following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

MAILING ADDRESS

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HULETT CONSTRUCTION FOR REHAB GROUP, LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
	ny were filed on	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
HULETT CONSTRUCTION, LLC	•	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Florida document number L17000196660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HULETT CONSTRUCTION, 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) Enter new mailing address, if applicable:	23	
		1
		,
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0
		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>	
	ete performance of my duties, and l	' am familiar with and

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

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
•			□ Remove
٠			Change
			□ Add
			□ Remove
			Change
			□ Add
			22 Remove
			(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
			□ □ Add
			C C C Remove
			Change
			
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Filing Fee: \$25.00