

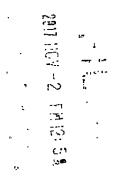
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COVER LETTER

TO: Registration Division of	on Section f Corporations		
SUBJECT:	Sports Chiro a	nited Liability Company	<i>'</i>
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corn	respondence concerning this matte	r to the following:	
	Ala	n Testa	
		Name of reison	
	Sport	3 Chiro and Sp. Firm/Company	orts Rehub
	632	15 NW 3013 St.	
		Address	
	(0	eper Gly FL 33	<u>327</u>
		City/State and Zip Code Code	
For further informati	E-mail address: ion concerning this matter, please of	·	notification)
Ai		at (<u>404</u>) 25 Area Code Day	50141
Na	une of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	re ☐ \$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)

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

	hird and		Rehab			
(<u>NamV of the Limited</u> (A		<u>iny as R now appe</u> Liability Company		rds.)		
The Articles of Organization for this Limited Liab Florida document number <u>L 1760021</u>		were filed on _	10/16	2017	_ and assig	ned
This amendment is submitted to amend the follow	រុយតិ:					
A. If amending name, enter the new name of the	<u>ie limited liab</u>	ility company	here:			
The new name must be distinguishable and contain the work	Rehab	LLC				
The new name most be distinguishable and contain the word	ls "Limited Liabi	lity Company," the	designation "LI	.C" or the abbrev	riation "L.L.C	
Enter new principal offices address, if applicab	le:			. .		
(Principal office address MUST BE A STREET)	ADDRESS)				711.00	
				<u>.</u>	=	τ,
Enter new mailing address, if applicable:						•
(Mailing address MAY BE A POST OFFICE BOX)					: X:	
				- 1 .		
B. If amending the registered agent and/or registered agent and/or the new registered offic			on our recor	ds. <u>enter the</u>	name of	the new
Name of New Registered Agent:						
New Registered Office Address:	-					
		Enter Fi	lorida street addr	<i>e55</i>		
			, F	lorida		
Name Danish and America Street, 1980	*.a 1.4	City		•	Zip Code	
New Registered Agent's Signature, if changing Reg	<u>usteren Agent:</u>					

If Changing Registered Agent. Signature of New 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 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 **Address** Type of Action Title Name. 5400 S. University Dr Blds K KAdd AMBR Kimberly Testa _□ Remove Davie, FL 33328 ☐ Remove □ Change □ Add □ Remove ____ □ Change ☐ Remove _□ Remove: □Ädd ☐ Remove

☐ Change

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te: If the date nument's effect record spec	f other than the da s listed, the date must be inserted in this block tive date on the Depa cifies a delayed er y after the record	does not meet tment of State fective date	the applicable is records.	statutory filing r	equirements, this	s date will not b	e listed a
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Filing Fee: \$25.00