# LIS 0000 51200

(Re	questor's Name)	
(Add	dress)	
	dress)	
(Aut	uiess)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(00	cument Number)	
(50	odinent Namber)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700335544307

10/18/19--01015--010 \*\*25.00

19 OCT 18 AITH: 14

TSCHROEDER

## **COVER LETTER**

CLEVEL	AND REHABILITATION CEN	TER, LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	EILEN CAMACHO		
	CLEVELAND REHABILI	Name of Person ITATION CENTER, LLC	
	35 BARKLEY CIRCLE	Firm/Company	<del></del>
	FT MYERS - FL - 33907	Address	<u> </u>
	CLEVELAND.MEDCTR1	-	
For further information	E-mail address: (t	to be used for future annual report notificall:	eation)
EILEN CAMACHO		786 9736270 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section
Division of Corporations

TO:

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

#### CLEVELAND REHABILITATION 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	02/26/2018		_ and as	ssigned
Florida document number L18000051200					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company	here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," th	e designation "LLC" (	or the abbre	viation "I	L.C."
Enter new principal offices address, if applicable:	Allegaria de la compansión de la compans	a.			
(Principal office address MUST BE A STREET ADDRESS)	m				
Enter new mailing address, if applicable:		<u>-</u>			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>			
		<del></del>			
				<del>.</del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records,	enter the	inalme Dame	of the new
registered agent and/or the new registered office address ner	<u>-</u> .		:	=	( )
Name of New Devictored Agents				$\approx$	nemen s
Name of New Registered Agent:			<del></del>		
New Registered Office Address:		7/ ./		<del></del>	·
	Enter F	lorida street address	要用	<del>-</del>	
	·	, Flor	ida		
	City		,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change	performance provided for it	of my duties, and 1 Chapter 605, F.	I am fam S. Or, if t	iliar wi his doc	th and ument is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MERCEDES PEREIRA		
		35 BARKLEY CIRCLE, FT	
		MYERS FL 33907	≅ Remove
			Change
	<del></del>		Add
		M	□ Remove
			Change
			□ Remove
		Change Change SAdd	
			Remove Change
			Add
		🗆 Remove	
			Change
			☐ Remove
			Change

		<del></del>
		<del></del>
		_
		_
		<del>_ •</del>
		<del></del>
		_
		- '71
		•
		-
	<u> </u>	<del></del>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing)	(optional) ng or more than 90 days after filing.) Pursuant to 6	05.0207 (3
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be li	sied as the
the record specifies a delayed effective date, but not an effect ) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear	lier of:
Dated		
Signature of a member or authorized represe	ntative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00