118000152501

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100319183101

10/05/18--01025--025 **25.00

18 OCT -5 AH 9: 21

BL VORISER WHILE

CCT 20 2018

COVER LETTER

TO:

TO:		istration Sec sion of Corp		•		
SUBJEC		REHAB AT	HOME LLC	•		
	,		Name of Limi	ited Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			RAFAEL BONA			
			REHAB AT HOME LLC	Name of Person		
				Firm/Company		
			1694 BAYIIILL DR			
		Address				
			OLDSMAR, FL 34677			
			BEBOTBONA@GMAIL.C			
				to be used for future annual report notifies	ation)	
For furth	ner in	formation cor	ncerning this matter, please ca	all;		
RAFAE	L BC	NA		727 439-2677 at ()		
		Name of I	Person		elephone Number	
Enclosed	lis a	check for the	following amount:			
= \$25,0	00 Fi	ling 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)	
			G ADDRESS: ion Section	STREET/COURIER Registration Section	R ADDRESS:	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REHAB AT HOME 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 $\frac{06/21/2018}{1}$ and assigned Florida document number ______L18000152501 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	MONWARA HASSAN	2721 SE NORTH LOOKOUT BLVD	■ Add
		PORT ST. LUCIE. FL 34984	
			Remove
			Change
			□ Remove
			Remove
			Change
			□ Remove
			Change
			
			Remove
			☐ Change
			☐ Remove
			□ Change

				
	<u>_</u>			<u></u>
ec	,,		N	
ffective date, if other than the date of fil an effective date is listed, the date must be specific ote: If the date inserted in this block does no occument's effective date on the Department of	ot meet the applicable	ate of filing or more than statutory filing requi	(optional) 90 days after filing.) Pursus ements, this date will no	ant to 605,0207 it be fisted as
e record specifies a delayed effective The 90th day after the record is file		n effective time, a	at 12:01 a.m. on the	e earlier of
ated	2018			
	74			
	\bigcirc	d representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00