L18000152501

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SECRETARY OF STATE

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	istration Sedision of Cor				
SUBJECT:	REHAB AT	THOME LLC			
SUBJECT		Name of Lim	nited Liability Company		
The enclosed	Articles of ,	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		RAFAEL BONA			
			Name of Person		
		REHAB AT HOME LLC			
			Firm/Company		
		1694 BAYHILL DR			
			Address		
		OLDSMAR, FL 34677			
	City/State and Zip Code				
		rehab.athomeD3@gmail.co			
			(to be used for future annual report notification)	-	
For further in	iformation co	oncerning this matter, please c	rall:		
ARTHUR B	ARLAAN		813 918-0611		
	Name of	f Person	at () Daytime Telephone Number STA		
Enclosed is a	check for th	ne following amount:		-	
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Reg	i <mark>ling Addres</mark> gistration S	Section	Street Address: Registration Section		
Div	zision of C	orporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REHAB AT HOME LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L18000152501		JUNE 21, 2018 and assigned
This amendment is submitted to amend the fol		
this amendment is submitted to amend the for	iowing.	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STRE		S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or	registered office address on ou	r records, enter the name of the new register
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	ARTHUR BARLAAN	
New Registered Office Address:	3959 VAN DYKE RD #172	
		Torida street address
	LUTZ	, Florida 33558
	City	Zip Code

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.

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>	Name	<u>Address</u>	Type of Action
MGR	ARTHUR BARLAAN	3959 VAN DYKE RD #172	
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ecord specifies a delayed effect	tive date, but not	an effective ti	ne at 12:01 au	n on the earli	aratida :	The Odder	dan ati se d
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