## L18000198372

(Re	questor's Name)	<del> </del>
(Add	dress)	<del>-</del>
.—(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

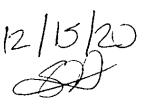




600354584336

11/05/20--01013--005 ++25.00

FILED 2020 NOY -5 AM 10: 46



## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMG Rehab Solutions, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Henry Lamplough
AMG Rehab Solutions, LLC
5213 Piperlane
Address
Sanford, FU 32771 City/State and Zip Code
AMGREHABSOLUTIONS@GMAIL.Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1/amoralianolough 904, 251-5546
Henry Lamp ough at (904) 251-5546  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- AMG Kenab Dolut		and the second of the second o
(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	(r recorus.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000198372</u> .		20 / 20 18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	20 N
		<del>Q</del> <del>n</del>
		-5 E
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		. 5
	<del></del>	<u>ත</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
	Enter Florida str	vet address
	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 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	Ryan Davis	10007 Palma Linda Way	\\ \Add
		10007 Palma Linda Way #410	Remove
		Orlando, FL 32836	
	<del></del>		□Add
			202 <b>B</b> emove F1
			OV F OChange
			L⊞dd 50 □ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change

<del></del>			<del></del>			· <del>· ·</del>			-
									_
			<del>-</del> .				· <del></del>		_
			_						_
									_
				· · · · ·		<u> </u>		<del>-</del>	-
<del></del>									_
								_22	_
							· · · · · · · · · · · · · · · · · · ·	_ <u>₹</u>	_
							<u> </u>	V	
<del>.</del>								Ar	Ū.
<del></del> -			_				· ·	<u></u>	Ð
		<del></del>						5	_
				<u> </u>					_
				-				-	_
									<del></del>
		<del></del>							_
ffective date, if	other than t	the date of fil	ling:			(opti	onal)		
an effective date is lote: If the date is	listed, the date in serted in this	must be specific s block does no	and cannot be post meet the ap	orior to date of plicable state	filing or more utory filing re	than 90 days after equirements, thi	r filing.) Purs s date will r	uant to 60 10t be lis	)5.020 sted a:
ocument's effecti	ve date on the	: Department o	of State's reco	ords.					
record specifies a	dalayad offa	etivo dato but	not an offecti	ve time at 1'	2:01 a.m. on i	he carlier of: th	o) The 90th	h dav aft	er the
t is filed.	delayed effec	Aive date, but i	not an encen	ve mile, at 1.	5.01 <b>u</b> .m. 0m	ine carrier or. (	,, 1110 ,,,,,	s day are	.01 1110
oated 10/2	9/20	october	29, 2	1020					
<b>,</b>	-	14		01	. /				
		Signatura	1 a member of	authorized ren	resentative of	a member		<del>,</del>	
		Signature							