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(Address)
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05/13/22--01010--008 **25.00

JIVISION OF CORPORATION

T. MATTHEWS

JUL 12 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMG Rehab Name of Limit	Solutions LLC ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Henry L	Name of Person
AMB Reh	Firm/Company
5213 P.p	1er lanc Address
Sanford	FL 32771
AMGReho E-mail address: (1	City/State and Zip Code Ch Solution of Gmail. Com to be used for future annual report notification)
For further information concerning this matter, please ea	all:
Henry Lamplough Name of Person	at (904) 251 - 5546 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
n O D (107	The Course of Tallahagana

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION...

ARTICLES OF ORGANIZATION STATE OF SECRETARY OF STATE OF CORPORATIONS

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

Zip Code

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	ANTHONY CHASE	974 Rock Creek St.	XAdd
		974 Rock Creek St. Apopka FL 32712	□Remove
			Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
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	619/2.7
ffecti an off	ive date, if other than the date of filing: $5/9/22$ (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
ocum	en s effective date on the Department of State's records.
F 000.	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fi	
	5/7/22
ated	
ated	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
ated	
Pated	Signature of a member or authorized representative of a member Henry Lamplough