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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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COVER LETTER

	gstration Se ision of Cor			
SUBJECT:	Rehab Rest	ructuring Partners LLC		·
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kent B. Frazer, Esq.		
			Name of Person	
		The Frazer Firm, P.A.		
			Firm/Company	Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		601 Heritage Dr., Suite 14	6	
			Address	
		Jupiter, FL 33458		
			City/State and Zip Code	
		kent@thefrazerfirm.com		
For further in	iformation e	n-man address: (oncerning this matter, please c	,	ication)
Kent B. Fra			561 295-1551	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25,001	iling Fee	☐ \$30 00 Filing Fee & Certificate of Status	S55.(0) Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	tion
Div	vision of C	orporations	Division of Corp	porations
), Box 632 Tahassee, I		The Centre of Table 2415 N. Monroe	allahassee e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rehab Restructuring Partners LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company v	were filed on Jan. 10, 2019	and assigned
Florida document number L19000012518		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2020
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inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office accept and/or the new registered office address here:	ddress on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zin 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
AMBR	Deborah Robinson	19235 Sabal Lake Dr.	
		Boca Raton, FL 33434	■Remove
			□Change
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			SEC BC TALE D PAND SSEEL FL
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Tective date, if other than the date of filing:	(optional) c of filing or more than 90 days after filing.) Purs	uant to 605.0207
ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	statutory filing requirements, this date will i	not be listed as
record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier of: (h). The 90:	h day after the
is filed.	The same of the same of the same of the same same same same same same same sam	n day unter bie
August 17th 2020		
August 17th 2020		
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ignature of a member or authorized	representative of a member	
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Filing Fee: \$25.00