

(((H220001025073)))



H220001025073ABCT

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTRO HEALTH AND REHAB CENTER

| Certificate of Status | 0 |
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| Page Count | 04 |
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASTRO HEALTH AND REHAB CENTER |
|--|
| (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 02/07/2019 and assigned |
| Florida document number L19000039247 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| ASTRO HEALTH AND REHAB CENTER LLC |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L_L," |
| 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 |
| City City 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 aggee to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amfamiliar 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.

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| AMBR = Au | thorized Member | | Type of Action |
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| <u>Title</u> | <u>Name</u> | Address | 1 |
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| lf ame | ading any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Eff (lf 2 <u>No</u> do | cetive date, if other than the date of filing: n effective 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 605.0207 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as current's effective date on the Department of State's records. |
| | ecord 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 |
| If the record | ecord specifies a delayed effective date, but not an effective time, at 12.00 a.m. is filed. |
| D | ated March 18 |
| | Signature of a member or authorized representative of a member |
| | |

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