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(((H190001331893)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Phone

: (305)599-0839

Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILLIAMS REHABBING, LLC

Certificate of Status	0
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Page Count	03
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILLIAMS REHABBING, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.	<del>)</del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/01/2009	and assigned
Florida document number L19000089996		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRE	<u> </u>	019
		でいる。
		13 · 23 · 12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1.17 三
B. If amending the registered agent and/or registe registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, cuter 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
MBR	CHRISTOPHER SEVILLE	300 Gale pl, west paim beach fl 33409	
		33408	
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			☐ Change
			□ Add
			Remove
	•		20 Change
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	2-17	77
Effective date, if other than the date of filing:	(optional)	··-
If an effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to e filing requirements, this date will not be h	isted as the
the record specifies a delayed effective date, but not an effective.  The 90th day after the record is filed.	/e time, at 12:01 a.m. on the ear	lier of:
) The 90th day after the record is filed.		
The 90th day after the record is filed.  Dated		
Dated 4/21/2019  Dated 4/21/2019		
Dated 4/21/2019	tive of a member	

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