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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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Amend

JAN 25 2020 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
surject: <u>Acce</u>	1 Rehubility to	on Specialists, La nited Liability Company	. С
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Christo	PLOS Bates Name of Person	
	Accel Rehabilit	ation Specialists, Firm/Company	LLC
	26923 Winge	d Elm Drive Address	<u>. </u>
	accelrehabspe	City/State and Zip Code cialists Dymail. Co to be used for future annual report notif	
For further information con	ncerning this matter, please c	•	
Christopher Name of 1	- Butes Person	at (773) 865 Area Code Daytime	7 - 9220 Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accel Rehability (Name of the Limited Liability (A Florida Lin	2 Specialists, LC Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on11/15	119 and assigned
Florida document number <u>L 19000285583</u> .		
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	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 .	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	2
		1019 E
Enter new mailing address, if applicable:		\$\$ 23 □
(Mailing address MAY BE A POST OFFICE BOX)		7 2 11
		50 = U
		61 :11 0
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, g	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		Florida
	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, 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
			□ Add
			□ Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	 	□Add
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			□Remove
	 		
			□Remove
			□Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Change effective date from 11/15/2019 to
	1/1/2020 as Accernelistilitation Specialists, LC
	will not start conducting business until 2020.
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Note:	we date, if other than the date of filing: $1/(2020)$ (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 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e recore rd is fil	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 ed.
Dated .	· · · · · · · · · · · · · · · · · · ·
	Cha Bas
	Signature of a member or authorized representative of a member
	Christopher Bates Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00