## L19000285583

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## **COVER LETTER**

го:	Registration Se Division of Cor			
SUBJE	ст: <u>Асс</u>	el Rehabilitati Name of Lim	ited Liability Company	440
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease r	eturn all correspo	ndence concerning this matter	to the following:	
			Christopher Bat Name of Person	es
		Accel	Rehubilitation Sp Firm/Company	ecialists, LLC
		26923	Winged Elm Or Address	
		Weste	y Chape (/FL/3: City/State and Zip Code pher. p. bestes dgmue to be used for future annual report noti	3544
		E-mail address: (1	pher. P. butes dymus to be used for future annual report noti	fication)
or furt	her information co	oncerning this matter, please ca	ill:	
<u> </u>	nristopher Name of	Bates	at (773) 865 Arca Code Daytim	- 9220
	Name of	T CLAVIII	Aica Couc Daynin	e receptotte National
Enclose	d is a check for th	e following amount:		
<b>(</b> \$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:

TO:

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

Street Address: 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

Florida document number \_\_\_\_ L 19000 285583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 33181 Shudow Branch Lane Enter new principal offices address, if applicable: Wesley Chapel, Fl, 33545 (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:

## Vew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□Change
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. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
A	mending Zip Code for Authorized Person
_A	mending Zip Code for Authorized Person bhishek S Parner Kar 33181 Shadow Branch Lane
	lesley Chupel, Fl from 33544 to 33545
	<del></del>
<u></u>	
(If an effective Note: If the	date, if other than the date of filing:
he record spoord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 12 2020
	October 12 2020  Christopher Batts  Signature of a member or authorized representative of a member
	Christopher Bates Typed or printed name of signee

Filing Fee: \$25.00