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## **COVER LETTER**

TO: **Registration Section** Division of Corporations NEW START REHAB & BUILDING LLC SUBJECT: \_\_\_\_\_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NEREYDA C ROJAS Name of Person NEW START REHAB & BUILDING LLC Firm/Company 400 SW 125 AVE Address MIAMI, FL 33184 City/State and Zip Code JBSUNCOAST21@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NEREYDA C ROJAS 305 710-0477 Name of Person Enclosed is a check for the following amount:

#### Mailing Address:

\$25.00 Filing Fee

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

**■** \$30.00 Filing Fee &

Certificate of Status

### Street Address:

🖸 \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW START REHAB & BUILDING LLC

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(A Florid	a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L20000006626	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	**	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ε</u>	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uddress
		_, Florida
<del></del>	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 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 AMBR	<u>Name</u> LIDIANA BASTER	Address 219 827 29 AM 6: 37	Type of Action
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be ote:  If the date inserted in this block does not meet the cument's effective date on the Department of State's re	applicable statutory	o or more than 90 days	o <b>ptional)</b> after filing.) Pursuan s, this date will not	t to 605.020 be listed as
ecord specifies a delayed effective date, but not an effec is filed.	tive time, at 12:01	a.m. on the earlier o	of: (b) The 90th da	ay after the
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