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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RehaB Credit Service LLC 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:
DIANE MAYER Name of Person
RehaB Credit Service
75/6 Incliso Ave
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
DiANE Mayek at (94) 707-218/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee \& Certificate of Status \$\bigcup \\$60.00 Filing Fee, Certificate of Status \$\bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)

Mailing Address:
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 OF

(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 12-17-20 Florida document number 12000 394/6.	
Florida document number <u>L20000 394/6.5</u>	
	220 and assigned
This amendment is submitted to amend the following:	Ility Company were filed on
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2021
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 magent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street 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>	Name	Address	Type of Action
MGR	DIANE MAYER	2516 Indigo Ave, Middle Burg, FL 3206	MAdd
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	Signature of a member o		WT	

Filing Fee: \$25.00