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6/2/21



COVER LETTER

TO:	Registration Sec Division of Corp			
erno re		enstruction LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Rhoen Bryan		
			Name of Person	
		Rehab-It Construction LL0	С	
			Firm/Company	
		4819 NW 59th St		
			Address	
		Tamarac, Fl 33319		
		chrome982@gmail.com	City/State and Zip Code	
			(to be used for future annual report notification)	
For furt	her information co	oncerning this matter, please c	ail:	
Rhoen I	Bryan		954 253-2432 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	e following amount:		
■ \$2 5	.00 Filing Fec	□ \$30.00 Filing Fce & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) □ \$60.00 Filing Certificate of Certified Copy (additional copy	of Status &
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	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

Rehab-It Construction, LLC		_
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000109759	were filed on 3/8/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street ada	tress
		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 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
AMBR	Lisa Campbell-Smith	6185 Pine Tree Lane, B	
		Tamarac, Fl 33319	□ Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
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an effective lote: If the	date is listed, the date inserted in	date must be spo n this block do	citic and car es not mee	mot be prior t t the applica	o date of filing ble statutory	or more than 9 filing require	0 days after fili ments, this d	ing.) Pursuant to 605,020 ate will not be listed a
ocument's	effective date o	m the Departme	ent of State	e's records.				
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record spec l is filed.	cifies a delayed	effective date,	but not an	effective tin	ne, at 12:01 a	ı.m. on the ca	rlier of: (b)	The 90th day after th
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Filing Fee: \$25.00