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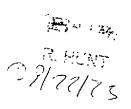
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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Act I 2021 1000160 Authorization Signature:	\$25.00	
Kitchen Rehab Plus, LLC. BUSINESS	L23000105972 #DOC	
Certified copy of Articles of OCertificate of Status NEW FILINGS Profit CorpNot for ProfitOfficer/DirectorLimited LiabilityDomesticationOtherCORPLLLP	AMENDMENTS X Amendment Resignation of R.A. Articles of Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Artic Statement of Correction	ELAISON OF CHECKY, S.
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual ReportFictitious NameAPOSTILLE:	Foreign filing Limited Partnership Reinstatement OTHER	

EXAMINIER'S INITIALS:____

48

COVER LETTER

HAB PLUS, LLC.		
Name of Lim	ited Liability Company	
nendment and fee(s) are sub	mitted for filing.	
ence concerning this matter	to the following:	
TRACEY J. FIERRO		
	Name of Person	
ACCOUNTING SOLUTION	ONS FOR BUSINESS, INC.	
	Firm/Company	
2451 N. MCMULLEN BO	OOTH ROAD, STE 256	2023 SEP 22
	Address	P 22
CLEARWATER, FL 3375	59	
	City/State and Zip Code	PH12: 40
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·	·	Canony
.	727 389-6612	
erson		Telephone Number
Following amount:		
□ \$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)
ction	<u>Street Address:</u> Registration Sec	tion
	Division of Corp	porations
32314	-	allanassee Street, Suite 810
	TRACEY J. FIERRO ACCOUNTING SOLUTION 2451 N. MCMULLEN BO CLEARWATER, FL 3375 INFO@ACCOUNTINGSO E-mail address: (cerning this matter, please comparison) following amount: \$30.00 Filing Fee &	RHAB PLUS, LLC. Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: TRACEY J. FIERRO Name of Person ACCOUNTING SOLUTIONS FOR BUSINESS, INC. Firm/Company 2451 N. MCMULLEN BOOTH ROAD, STE 256 Address CLEARWATER, FL 33759 City/State and Zip Code INFO@ACCOUNTINGSOLUTIONS123.COM E-mail address: (to be used for future annual report notification in the composition of

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KITCHEN REHAB PLUS, LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/28/2023	and assigned
londa document number		
his 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 I	Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		623
		SEP
Enter new mailing address, if applicable:		22 CH
Mailing address MAY BE A POST OFFICE BOX		
The state of the s		PH 12
		t 0
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the r	_
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DARREN MEYERS	1908 PALM DRIVE, CLEARWATER, FL 33763	\exists Add
			□Remove
			□Change
MGR	DARREN MYERS	1908 PALM DRIVE, CLEARWATER, FL 33763	□Add
			Remove
			□Change
		,	□Add
			— □Remove SETChange Change
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ective date, if other than	the date of filin	g:		(0	ptional)	
effective date is listed, the date e: If the date inserted in thi ument's effective date on th	s block does not i	meet the applical	odate of filing or i ole statutory fili	more than 90 days a ng requirements,	after filing.) Pursua this date will no	int to 605.020 it be listed a
cord specifies a delayed effe s filed.	ctive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of	f: (b) The 90th	day after th
ed 9/22		, 2023	_ ·			
). <i>/</i> /					
	Signature of a	member or author	ized representativ	re of a member	-	