L23000202389

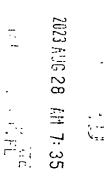
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of 9/14/2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kalie Rehabilitatio	n Modicine, LLC.
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Blake	Name of Person
Kalie Re	chabilitation Medicine, LLC Firm/Company
90 Ka	NMORE AVE. Address
	VOUYO, FL 32081 City/State and Zip Code
	: (to be used for future annual report notification)
For further information concerning this matter, please Blake Kalle	at (<u>330)</u> 465 - 3587
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Kalie Rehabilitation M</u>	nadicine, uc 2023 AUG 28 AM 7: 35
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000202389</u> .	were filed on $\frac{4 34 3023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90 kenmore Ave
(Principal office address MUST BE A STREET ADDRESS)	Ponte Vedra, FL 32081
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	90 <u>Kenmore</u> Ave Ponte Vedra, FL 32081
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Katic	Kalie
New Registered Office Address: 90 KG	Enter Florida street address
Ponte	
	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>	Address	Type of Action
MGR	Katie Kalie	90 Kenmore Ave	□Add
		Ponte Vedra, FL 32081	□Remove
			🗹 Change
			□Add
			Remove
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Dated August 26th 2013 Signature of a hiember or authorized representative of a member	(II an ell Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
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Signature of a member or authorized representative of a member	Dated	August 26th 2023
Blake Vallo		
~ / (/ 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1		Blake Kalie

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