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09/20/23

TO: Registration 9 Division of Co				
The Reha	b Spot L.L.C			
30 B 0EC1.	Name of Lin	nited Liability Company	<u> </u>	
	of Amendment and fee(s) are sub condence concerning this matter	-		
	Robyn Burrows			
		Name of Person		
	Nishad Khan P.L			
		Firm/Company	2023	1
	1303 N Orange Avenue		SEP	3
		Address	20	2
	Orlando, Florida 32804		P	
	robyn@nishadkhanlaw.con	City/State and Zip Code	2023 SEP 20 PH 12: 40	1
		to be used for future annual report no	ification)	
For further information	concerning this matter, please c	ali:		
Robyn Burrows		407 228-9711 at ()		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$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)	
Mailing Addre		Street Address:	ation	

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

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

DocuSign Envelope ID: D16FA404-B203-42DA-BD87-AA5C06E78D21 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Rehab Spot L.L.C		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L23000230859		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6800 Kingspointe Pkwy # 600.	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32819	23
		2123 S
		P 05.
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		
		PIN 12: 40
		1 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Litter 1 tortad 31/66 dataress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip Code

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

DocuSign Envelope ID: D16FA404-B203-42DA-BD87-AA5C06E78D21
It amenuing Authorized rerson(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
			□Remove
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fective date, if other than the da an effective date is listed, the date must be	specific and o	cannot be prior t	date of filing o	r more than 90 days	after filing.) Pursu	uant to 605.0	207
ote: If the date inserted in this block ocument's effective date on the Depa	does not me	eet the applica	ble statutory fi	ling requirement	s, this date will n	ot be listed	las
record specifies a delayed effective de is filed.	te, but not a	ın effective tin	ne, at 12:01 a.r	m. on the earlier o	of: (b) The 90th	day after t	:he
September 19		2023					
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