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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| |
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| Certified Copies Certificates of Status |
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| Consideration to Filling Officer |
| Special Instructions to Filing Officer: |
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COVER LETTER

| | ision of Cor | | | |
|--------------------------|------------------------------|---|---|---|
| SUBJECT: | | REHAB SERVICES, LLC | | |
| SUBJECT | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | DONNA WILDES | | |
| | | | Name of Person | |
| | VITALITY REHAB SERVICES, LLC | | | |
| | | | Firm/Company | 4 |
| | | 4745 FOUR LAKES CIR | sw | |
| | | | Address | |
| | | VERO BEACH FLORIDA | A 32968 | |
| | | | City/State and Zip Code | |
| | | DONNAW@VITALITYR | | |
| | | | to be used for future annual report notifica | tion) |
| For further in | nformation c | oncerning this matter, please c | all: | |
| DONNA WI | ILDES | | 863 634-3023 at () | |
| | Name o | f Person | Area Code Daytime To | elephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 F | filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Addres gistration S | | Street Address: Registration Section | on |
| Division of Corporations | | orporations | Division of Corpo | rations |
| |). Box 632 lahassee, I | | The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32 | street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| VITALITY REHAB SERVICES, LLC | 1: |
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| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on 12/5 Florida document number L23000539799 | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>e</u> : |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de- | signation "LLC" 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 address on our reagent and/or the new registered office address here: | cords, enter the name of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: | da street uddress |
| Enter From | |
| City | , Florida 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 | JOHN ARMSTRONG | 18 HORIZON DR | (Add |
| | | HUNTINGTON NY 11743 | ■Remove |
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| ote: | ve date, if other than the date of filing: (optional) 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. | 207 as |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | he |
| | 12/1/2024 | |
| ated | | 2 |
| | Signature of a member or authorized representative of a member | <u>.</u> |
| Note: If locument record: d is filed | Signature of a member or authorized representative of a member | , |
| | | |
| | DONNA WILDES | |