

L241000004B130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

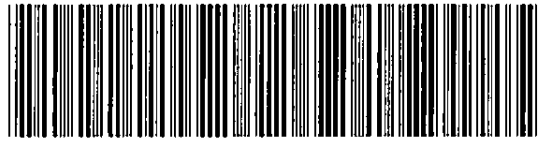
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600427373736

04/11/24 -01004--005 \*\*25.00

4/24/24  
Rehite

FILED  
2024 APR 11 AM 1:53  
CLERK OF COURT  
CLERK OF COURT



April 9, 2024

To whom it concerns,

The purpose of this letter is to inform you of a name change of a limited liability company. I am amending the name NHRD Rehab LWR, LLC to MHM Rehab LWR, LLC.

I can be reached directly at 239-269-1155.

My mailing Address is the flowing:

MHM Development  
2670 N Horseshoe Dr  
Suite 201  
Naples, FL 34104

Sincerely

A handwritten signature in black ink, appearing to read "Michael H Metcalf". The signature is stylized with a large, loopy "M" and a long horizontal stroke extending to the right.

Michael H Metcalf

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NHRD Rehab LWR, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael H. Metcalf

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2670 Horseshoe Dr N, Suite 201

\_\_\_\_\_  
Address

Naples, FL 34104

\_\_\_\_\_  
City/State and Zip Code

mike@mhmdev.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael H. Metcalf

239 933-1701  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 Address:**

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

**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**

NHRD Rehab LWR, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 APR 11 PM 1:53  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
JANET L. HARRIS, CLERK

The Articles of Organization for this Limited Liability Company were filed on 1/23/2024 and assigned  
Florida document number L24000043130.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MHM Rehab LWR, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Type of Action</u>
MGR	NHRD Manager, LLC		<input type="checkbox"/> Add
		2670 Horseshoe Dr N, Suite 201, Naples, FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MHM Development, LLC	2670 Horseshoe Dr N, Suite 201, Naples, FL 34104	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee