

To:

Page: 1 of 5

2024-08-06 16:49:47 UTC-14

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From: ZenBusiness User

6/8/24 21:44

Division of Corporations

L24000245296

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6382

From: Account Name : ZENBUSINESS INC.
Account Number : 120232080190
Phone : (344)449-3624
Fax Number : (512)597-0678

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TALLAHASSEE, FLORIDA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REHABLABLE LLC

| | |
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| Certificate of Status | 0 |
| Certified Copy | 0 |
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K. SALY

AUG - 7 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RehabLab 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:

Jonathan Labrada

Name of Person

ZenBusiness INC

Firm Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City State and Zip code

fulfillment@zenbusinessz.com

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

For further information concerning this matter, please call:

670 ZenBusiness INC

344

493-6246

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$70.00 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

RehabLab LLC

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

FILED 2024 AUG -6 AM 3: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/05/2024 and assigned Florida document number 124000245296

This 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

382 NE 191st St PMB 286229

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida, FL 33179

Orange County US

Enter new mailing address, if applicable:

382 NE 191st St PMB 286229

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida, FL 33179

Orange County US

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 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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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