Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H25000170832 3)))



H250001708323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 ASIS REHAB & MEDICAL CENTER LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to LLC Articles of Orga	nizatio	n of
Asis REHAB & MEDICAL CENTER	llc.	·
The Articles of Organization for this Limited Liability Company was and assigned Florida document no Limited Liability Company was a l	ere filed or ımber	1
This amendment is submitted to amend the following:		
ADD PEDRO Lois Diaz Cuellar	As	An
AMBR & B/A	• •	
7801 CORAL WAY Suit 121	20.	
Miani FL 33155	S A	77
	1855g	0 1
	4.50	13 K
,	RIOA	13
·		
These articles of amendment were adopted onOS \	25	
Dated 05/08/2025		
- Link		
Signature at a member or authorized representative of a member		
Typed or printed name of signee		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the objection.	oligations of	the
1/2/		
Signature of New Registered Agent if changing	•	•