8/3/2018

Division of Corporations

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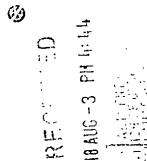
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Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one annual report mailings.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY



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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION 1 (1-4 must be completed)

State: HealthSouth Rehabilitation Hospital of Mar		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		0 6
(Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lial	bility company is: M10000	003741 SS W
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 08/24	4/2010	DE: 0
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: Er (musi	compass Health Rehabilitati t contain "Limited Liability	Company, ""L.L.C.," or "LLC.")
*the effective date of the name change is 10/01/2018	l	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopining i	ing business in Florida and attach a he alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter E	lorida Street Address
	Florida	
 -	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this of and complete performance tered agent as provided for in the registered office add	in Chapter 605 F.S. Or. if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	Name	<u>Addre</u> ss	Type of Action	
			Remo	
			Add PACE TO RES	
			R€	
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aforementioned a	the law of which this entity is or	by the official having custody of recorganized.	ds in the	
	•	of the authorized representative		
	Robert W. McCallum, III - \	/ice President rinted name of signee		

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY, LLC'. CHANGING ITS NAME FROM "HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY, LLC" TO "ENCOMPASS HEALTH REHABILITATION HOSPITAL OF OCALA, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF JULY, A.D. 2018, AT 10:52 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2018.

Authentication: 203010375

Date: 07-05-18

State of Delaware Secretary of State Division of Corporations Delivered 10:52 AM 07:03:2018 FILED 10:52 AM 07:03:2018 SR 20185490276 File Number 4863659

STATE OF DELAWARE CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION

Pursuant to Section 18-202 of the Delaware Limited Liability Company Act, this Certificate of Amendment is being executed by HealthSouth Rehabilitation Hospital of Marion County, LLC (the "Company") for the purpose of amending its Certificate of Formation as provided herein:

- The name of the Company is HealthSouth Rehabilitation Hospital of Marion County, LLC.
- 2. Paragraph 1 of the Certificate of Formation of the Company is amended in its entirety to read as follows:
 - "1: The name of the limited liability company is Encompass Health Rehabilitation Hospital of Ocala, LLC."
 - This Certificate of Amendment shall be effective on October 1, 2018.

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be executed by its duly authorized person this 3rd day of July, 2018.

HEALTHSOUTH REHABILITATION HOSPITAL OF MARION COUNTY, LLC

By

Patrick Darby
Its Vice President