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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Paricua Business Name of Cor		
DOCUMENT NUMBER: N210000	11250	
The enclosed Amendment and fee are submitted f	or filing.	
Please return all correspondence concerning this r	matter to the following:	
Samuel Viruet Redriguez Name of Contact Person		
Buricua Business Bureau Firm/Company	WC.	
POBOX 5101 Address		
Deltary Fl 32728 City/State and Zip Code		
F-mail address: (to be used for future annual repo	COM ort notification)	
For further information concerning this matter, pl	ease call:	
Samuel Viruet Rodriguez at (384 215-3139 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	7 5	
☐ \$35.00 Filing Fee	■\$52.50 Filing Fee. Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations Division of Corporations		
P.O. Box 6327		
Tallahassee El 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



March 9, 2023

SAMUEL VIRUET RODRIGUEZ BORICUA BUSINESS BUREAU INC P.O. BOX 5101 DELRONA, FL 32728

SUBJECT: BORICUA BUSINESS BUREAU INC.

Ref. Number: N21000011250

We have received your document for BORICUA BUSINESS BUREAU INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Florida Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

MEGERATION J

Letter Number: 223A00005580

D: :: CO :: DO DOV 0007 T-11-1---- FI- 14- 0001

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Prehab Foundation Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove		-	
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
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	option:, if other than the
date this document was signed.	
Permater descriptions	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 20 auxa aper amenament fue tane)
Note: If the date inserted in this blo document's effective date on the De	ek does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature Survey Visual Rockwall (By the chairman or vice chairman of the board, president of other officer-if directors have not been selected, by an incorporator – if in the hands of a recover, trustee, or other court appointed fiduciary by that fiduciary)

Samuel Viruet Rockravez

(Typed or printed name of person signing)

President

(Title of person signing)