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(Re	equestor's Name)	
(Ad	dress)	
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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13 JUL 17 AM II: 16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS
JUL 19 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations
NAME OF CORPORATION: New Life Rehab Nedical Center IN DOCUMENT NUMBER: PD5800126731
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexander Juan.
New Life Rehab Medical Center Inc.
1560 W 37 St
Hialeah Fl 33012.
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
is man address. (to se used to ratific annual repert heristerness),
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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: 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.

Page 1 of 4

New Begistered 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V.P.	Nelson Tejech	1560 W 37 St
Add		J	Hioleah FL 330
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or addin ttach additional she	ets, if necessary).	(Be specific))			
						
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an amendment pro						
provisions for imple (if not applicabl	ementing the am	endment if not	contained in	the amendmer	it itself:	
(у погаррисав:	e, marcare 1811,					
-,-						

The date of each amendment(s) adoption: 75203 FILED, if other than	n th
13 JUL 17 AM I	
Effective date if applicable: (no more than 90 days after amendment of English IARY OF STATE AHASSEE. FLORIDA	
Adoption of Amendment(s) (CHECK ONE)	
he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) y the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7 15 2513 ·	
A Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
X HEXONDER TUDY (Typed or printed name of person signing)	
President. (Title of person signing)	
,	