P05000148989

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: A + P Rehabilitation Conter Mc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oremy Rodriguez

Name of Contact Person A+P Mabilitation Contr Mu Firm/ Company 7805 Cord way +108 MI'AMI' (1 331TIT For further information concerning this matter, please call: Name of Contact Person at (790) 281 8137

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & 35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address
Amendment Section Street Address Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment	
to	
Articles of Incorporation	
of for the second secon	
A + P New Abilitation Center Months 23 PM 1:11 Composition as currently filed with the Florida Dept. of State 105000148989	
(Name of Corporation as currently filed with the Florida Dept. of State) 106 23 Phy	
PO5000148989 TALLAHAST OF STATE	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followamendment(s) to its Articles of Incorporation:	ving
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: 7805 Will way	
(Principal office address MUST BE A STREET ADDRESS)	
Jutte 108	
111411 6 22.55	
MIAMI, R 331TT	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7805 Wall way	
Put. 108	
- W/AU; 9 33 cc	
7 (11)1 (1 12 0) (1)	
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:	
new registered agent and of the new registered office address.	
Name of New Registered Agent:	
7805 Way =108	
New Registered Office Address: (Florida street address)	
MIAMI Florida 33155	
(City) (Zip Code)	
(City) (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.	
- 11. 1-7 array: 11. appearance as 126 array and 2 array and and accept the conference 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)

Tit	Name		Address	Type of Action
	Greenly	Modriguer	2500 NW 74 AVE 1060 DOVAL A 33122	Add Remove
_	J Paisy	<u>Febles</u>	2500 NW79 duc +100	☐ Add ☐ Remove
	•	lodriguer	7805 Gral way	∏ Add ☐ Remove
•	J Douy 1	-66(1)	7805 COVAL WAY	AGD
E. (If amending or adding ad attach additional sheets, if	ditional Articles, enter necessary). (Be specif	change(s) here: Mi Ami, h 33	itt
	- 	· · · · · · · · · · · · · · · · · · ·		- Name - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
F.	If an amendment provid	es for an exchange, recl	assification, or cancellation of issi	ied shares,
	provisions for implemen (if not applicable, indi		ot contained in the amendment it	self:
		, , , , , , , , , , , , , , , , , , , 	-,-	
		<u> </u>		<u> </u>
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The date of each amendment(s) adoption:
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 8 NLO
Signature (By a director, possident 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 fiductory by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)