# D11000012794

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	<u> </u>
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VISION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: J.A.Y	Rehabilitation Hedical Center Inc
DOCUMENT NUMB	er: <i>P1100 00</i>	712794
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.
Please return all corresp	pondence concerning this ma	tter to the following:
-	Dioleidys	S 600301e3 Perez
-	J.A.Y. Reh	pobilitation Medical Center Inc
<u>-</u>	12595 3W	Firm/Company  137 AVE SUITE # 101  Addres:
-	miami Fl	
_>	Ayrehabmedia E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	se call:
Virginia 7	Bouch (Front)	Des/C) at ( +86 ) 581-9064  Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee	⊠\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Captiling Fee Certificate of Status 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



J.A.Y Rehabilitation Medi	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Gword "chartered," "professional association," or the abbreviation "IB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A
D. If amending the registered agent and/or registered office addresses rew registered agent and/or the new registered office address:  Name of New Registered Agent Jorge Ruiz	
New Registered Office Address: Miami (City)	137 Ave So; te # 101 et address) , Florida 33186 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Rysistered A	ith and accept the obligations of the position.  gent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	$\mathcal{P}_{-}$	Divieidts Bonzales	12595 SW 137 AVB
Add			miumi FC 33186
Remove			
2) Change Add	<u>P</u>	Joige Ruiz Tartabull	12595 SW 137 AVE miami Pl 33186
Remove			
3) Change	<del></del>		
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	g or adding ad itional sheets, if UM	(necessary).	(Be specific)				
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provisions	dment provides for implement applicable, ind	ting the amend	nge, reclassifi Iment if not c	cation, or cand ontained in the	cellation of issue a amendment its	ed shares, self:	
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The date of each amendment(s) adoption:	
Effective date <u>if applicable</u> :	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	t for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by	·"
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.</li> </ul>	
Dated 05/31/2013	
Signature  (By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	fficers have not been trustee, or other court
Dioleidys 60n301e3 (Typed of printed name of person significant)	ng)
Piesident. (Title of person signing)	
(Title of potoni signing)	