P11000095672

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STALL AHASSEE. FOR 104

X8/8

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAM REHA	AB CENTER, IN	C.		
DOCUMENT NUMBER: P1100009567	72			
The enclosed Articles of Amendment and fee are su	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ALBERTO LEAL				
	Name of Contact Person	1		
LAM REHAB CE	NTER, INC.			
***************************************	Firm/ Company			
1414 NW 107 A\	/E SUITE 204, 2	02		
	Address			
MIAMI, FL 33172	2	•		
<u></u>	City/ State and Zip Cod	e		
LAMREHAB@YAHO	OO COM			
	sed for future annual report	notification)		
L-min address. (to be a	sed for fature aintain report	interiority :		
For further information concerning this matter, plea	se call:			
ALDEDTOLEAL	700	070.0400		
ALBERTO LEAL	at (786	970 3129		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 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, FL 32314	Clifton Building 2661 Executive Center Circle			
Tahanassee, PL 32314	Z001 B	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

LAM REHAB CENTER, INC.

13 AUG -2 PM 12: 24

 			
(Name of Corporation as o	currently filed with the Flo	orida Dept. of State)	
P11000095672			
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new nan	ne of the corporation:		
N/A			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc," or "C	o". A professional corporat	ated" or the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST.		N/A	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		N/A	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		ess in Florida, enter the nam	e of the
Name of New Registerea Agent			
-	(Florida stree	et address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if charles the appointment as register Signature.			of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	DIANAY VASALLO	1414 NW 107 AVE
Add			SUITE: 204 MIAMI,
X Remove			FL 33172
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			arran santa an arran an arran ar
Add			
Keniove			
6) Change			
Add			
Remove			

. If amending or add (Attach additional s	ding additional Art heets, if necessary).	(Be specific)	nge(s) here:		
N/A					
					
					
	· · · · · · · · · · · · · · · · · · ·			 	
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				·	
. If an amendment					
provisions for im (if not applica	plementing the ame able, indicate N/A)	endment if not (contained in the	amendment itse	elf:
N/A	<u></u>	<u>.</u>			
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption: JULY, 30, 2013
Effective date if applicable:	ULY, 30, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	dopted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated JULY	<u>/, 30, 2013</u>
selec	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	ALBERTO LEAL
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)