## P15000072463

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Document Number)				
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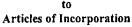
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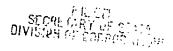
C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Alexa Rehabilitation Center one DOCUMENT NUMBER: P15000072463
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VIMI Suarez Amejera
Alexa Rehabilitation Centur and
10300 SW 72 07 + 4U5
Miami R 33173
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VIMI SUGILL AMIJEIG at 301 UD7 8314  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
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





Alexa Rehabii	11tation Center and PM 1:0
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P150000724	163
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its 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 " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10300 SW 72 ST * 465 MIAMI, PL 33173
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10300 SW 72 ST + 465 MIGMI PL 33173
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	•
Name of New Registered Agent 10300 St	1) 72 st = 46r
	eet address)
New Registered Office Address: MIGM / (City)	Florida 33173 (Zip Code)
New Registered Office Address:    10300 St	20 12 5T 401  eet address)  Florida 33173  (Zip Code)

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	<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>	Name	Address
1) Change	P	Yimi Svarez Amejeira	218 WW 12 ave
Add		1	Apr 907
Remove			
2) Change	$\underline{\rho}$	Vimi Suorez Amejeirá	10300 SW 725-
Add		•	Suite 405
Remove			11 11 0 mi 12 331 13
3) Change	<del></del>		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			·
6) Change	<del></del>		
Add		-	
Remove			

Attach addi	z or adding additional Art tional sheets, if necessary).	(Be specific)	<del></del>		
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provisions	ment provides for an excl for implementing the ame	nange, reclassific endment if not co	ation, or cancella	tion of issued shares	Ė
(ij noi i	applicable, indicate N/A)				
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The date of each amendment(s) adoption:	9/12/15	UIVISMH GEGORDE	
date this document was signed.	9/12/18	15 SEP 17 PM	1: 06
Effective date if applicable:	(no more than 90 days after amendment)	file date)	<del></del>
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/vere adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for approval.	the amendment(s)	
	the shareholders through voting groups. The ng group entitled to vote separately on the an		
"The number of votes east for the an	nendment(s) was/were sufficient for approval		
by	voting group)	,, · ·	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action		
action was not required.	ne incorporators without shareholder action ar	d shareholder	
Dated9/12	115		
Signature			_
selected, by an ir	esident or other officer – if directors or office corporator – if in the hands of a receiver, trustry by that fiduciary)		
	VIMI SUGILL A (Typed or printed name of person sig	MCĴl/Q	_
<del></del>	pusident		_
	tille of person signing)		