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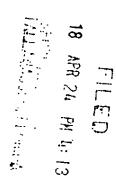
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APR 2 5 2018 S. YOUNG



COVER LETTER

Division of Corporations
NAME OF CORPORATION: AMERICAN Rehabilitation Medical Center a DOCUMENT NUMBER: P16000019072
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mabel Guzman Name of Contact Person American Rehabilitation Medical Center Firm/ Company SOSO West Flagler Street, Suite 3B Address Hiami, Florida 33144 City/ State and Zip Code American Rehabilitation Hedical Degmail. Com E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Mabel Guzman at 786, 6152640 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

X Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to

Articles of Incorporation of

Amesican o	Rehabilitat	404	Medical (Int	11	Co
(Name of Corporation as currently	y filed with	the Florida Dept. of State	<u>;</u>)	,	'
	1 P.1600001	907	2_'			
	(Document Number of	f Corporation	(if known)	· · · · · · · · · · · · · · · · · · ·		
Pursuant to the provisions of sections of sections Articles of Incorporation: A. If amending name, enter the	on 607.1006, Florida Statutes, this a	Florida Prof	it Corporation adopts the	following a	amendr	nent(s)
						
"Corp.," "Inc.," or Co.," or the		'Co". A proj		r the abh		on
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C. Enter new mailing address, (Mailing address <u>MAY BE A</u>					18 AP	+1
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	gent and/or registered office addr		la, enter the name of the		ŧ:	
new registered agent and/or	the new registered office address	<u>:</u>		-	$\overline{\omega}$	
Name of New Registered	Agent	 				
	(Florida stre	eet address)				
New Registered Office Ad			, Florida_			-
	I	(City)		(Zip Co	de)	
	re, if changing Registered Agent: s registered agent. I am familiar w		pt the obligations of the po	osition.		
	Signature of New R.	egistered Ag	ent 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>	<u>John C</u>	Ooc	
X Remove	<u>V</u>	Mike_J	l <u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PT	_D	Mabel Guzman	7840 SW 295
_ X Add				MIami, F.L
Remove				33155
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
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	ding additional Article theets, if necessary). ((Be specific)	_		
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If an amendment	provides for an exchan	ge, reclassification	n, or cancellation	of issued shares,	
provisions for in	plementing the amend	ge, reclassification ment if not contain	n, or cancellation on ned in the amendn	of issued shares, nent itself:	
provisions for in	provides for an exchan plementing the amend able, indicate N/A)	ge, reclassification ment if not contain	n, or cancellation on the second in the amenda	of issued shares, nent itself:	
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The date of each amendment(s) adoption:	04/01/18	, if other than the
date this document was signed. Effective date if applicable:	04/01/.18	
	(no more than 90 days after amendment file	dute)
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing require f State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the approval.	e amendment(s)
	ne shareholders through voting groups. The foll g group entitled to vote separately on the amend	
	endment(s) was/were sufficient for approval	
by		
(vo	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action a	and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and s	hareholder
Dated	8/18	
Signature 🗡	Sident or other officer – if directors or officers h	
(By a director) pre-	dent or other officer - if directors or officers h	lave not been
selected, by aminc	orporator – if in the hands of a receiver, trustee. y by that fiduciary)	, or other court
,	Habel Guzman (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	