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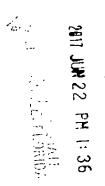
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C. GOLDEN JUN 29 2017

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: <u>General Family REHAB</u> -INC DOCUMENT NUMBER: <u>P1600061454</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STIN NEIDICH Name of Contact Person GEN PRESIDENT Firm/ Company 2880. W. OAKLAND PARK BLVD, #100 Address OAKLAND PARK, F-L, 33311 City/ State and Zip Code General family 010 comcast, net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
TUST/W at (954) 990 - 4852 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

	2017 JUN 22 PM 1: 38
(Name of Corporation as current	ly filed with the Florida Dept. of State)
General Janiey R. (Document Number o	
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 "corporatio "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
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2880. W. OAKLAND. PARK BLUD SUITE 100
	OAKLAND PARK, FL, 33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	sane as above
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	5:
Name of New Registered Agent	A-/11
	,
(Florida st	reet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Tiens	Registered Agent, if changing
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 = Chie 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	PT	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		N/A		
Add				
Remove		,		
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	···			
Add				
Remove				
(Change				

_ Add

__ Remove

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	1 / 1
	/
f an amandment provides for an avai	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	MA

	(C _ • b • b •
The date of each amendment(s) adoption:	, if other than t
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as t
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 statement 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 shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/19/2017	
Signature Accept	
(By a director, president 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 fiduciary by that fiduciary)	
TUSTIN DEIDICH (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
president	
(Title of person signing)	