P17000080548

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SECRETARY OF STATE
TALL ANALYSIS SECRETARY

COVER LETTER

TO: Amendment Section Division of Corporations

 $(1,0,1,\dots,2,p-1)$

NAME OF CORPOR	AMERICAN REH	ABILITATION SERVICE	8, INC		
DOCUMENT NUME	BER: P17000080548				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ANGEL FELIX PERDOMO	LICOURT			
		Name of Contact Persor	1		
	AMERICAN REHABILITATION SERVICES, INC				
		Firm/ Company			
	8900 SW 107 AVE, SUITE 2	202			
		Address	-		
	MIAMI, FL 33176				
		City/ State and Zip Code	-		
	info@americrehabservices.co	om			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		801-0974		
Name of Contact Person		at (786 Area Co) de & Daytime Telephone Number		
	r the following amount made				
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of

FILED

AMERICAN REHABILITATION SERV	VICES, INC	2021 FFR 1	5 AMIO: 21	
(Name o	of Corporation as currentl			
P17000080548	SEURETARY OF STATE TALL AWASSEE, FL (Document Number of Corporation (if known)			
	(Document Number o	f Corporation (if known	inobet in E	
Pursuant to the provisions of section 607. its Articles of Incorporation:				
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co". :	1 professional corpora		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if applied (Mailing address MAY BE A POST) D. If amending the registered agent and the second sec	<i>OFFICE BOX)</i> nd/or registered office add		the name of the	
new registered agent and/or the nev				
Name of New Registered Agent ANGEL FELIX PERDOMO LICOURT				
	8900 SW 107 AVE. SUIT	E 202		
	(Florida str	eet address)		
New Registered Office Address:	MIAMI		. Florida 33176	
	<u> </u>	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar v Jerdan	with and accept the obli		
		7° Pegistered Agent, if chan	nging	

Check if applicable

 \blacksquare The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	YENIXEY LOPEZ DE LEON	8900 SW 107 AVE STE 202
Add			MIAMI, FL 33176
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if necessary).	(Be specific)			
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San All Carlo	02/08/2021	
The date of each amendment(s) ad date this document was signed.		, if other than the
01/04 Effective date <u>if applicable</u> :	4/2021	
interior date <u>it apprende</u> .	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this bl document's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ca fficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups, each voting group entitled to vote separately on t	The following statement he amendment(s):
	for the amendment(s) was/were sufficient for app	
by		``
,	(voting group)	
Dated	108/2021 Forderfite	
Signature	(Firdoghe	
(By a di	rector, president or other officer – if directors or	
	 by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary) 	r, trustee, or other court
	Anyol Falix Perdomo Li Cyped or printed name of person sign	court
	•	ung)
	President	
	(Title of person signing)	