P1800CC 76676

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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APR 05 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Phoen	ix Rehab (enter, Corp		
DOCUMENT NUMB	er: <u>P\&0000</u>	70676			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	nondence concerning this ma	tter to the following:			
-		tabriel La			
-	Name of Contact Person Phoenix Rehab Center, Corp Firm/ Company				
-	8500 West Flagler St Suite 106A				
-	Mi ami FL 33144 City/ State and Zip Code				
	E-mail address: (to be us	ehab center sed for future annual report	180 6 mail. Com		
For further information	concerning this matter, pleas	se call:			
Nama o	f Contact Person	at (ara Co) de & Daytime Telephone Number		
	the following amount made		•		
■ \$35 Filing Fee	☐S43.75 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 Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			
Talla	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

	276 nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> adopt	is the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	"Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	PESS)	
		19
		<u> </u>
C. Enter new mailing address, if applicable:		2 = = = = = = = = = = = = = = = = = = =
(Mailing address <u>MAY BE A POST OFFICE BON</u>		
		=======================================
		O
 If amending the registered agent and/or registered new registered agent and/or the new registered or 		<u>f the</u>
	nec audi coo.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, FI	orida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	tered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations 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 <math>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	Title	<u>Name</u>	Address
(Check One) 1) Change	ρ	Ariel Gonzalez	8500 West
X Add			Flagler St
Remove			Suite 106 Miami F
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
<u>f an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	-

		03/01/2	n19	
The date of each amendment(s) adoptidate this document was signed.		2701101	<u> </u>	, if other than the
Effective date if applicable:	ζ.	3/01/2019		
	tno more i	than 90 days after a	mendment file date	·)
Note: If the date inserted in this block document's effective date on the Departm			· filing requiremen	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie		s. The number of vo	otes cast for the am	endment(s)
☐ The amendment(s) was/were approved must be separately provided for each				
"The number of votes cast for th	ie amendment(s) wa	as/were sufficient fo	r approval	
by	(voting group)			
	(voting group)			
The amendment(s) was/were adopted action was not required.	by the board of dire	ectors without share	holder action and s	hareholder
☑ The amendment(s) was/were adopted action was not required.	by the incorporator	rs without sharehold	er action and share	holder
Dated 03/20	1/2019			
				
Signature		er officer – if directo		1
		r officer – If directo f in the hands of a re		
appointed fic	duciary by that fidu	iciary)		
	Gak	oriel Loz	2000	
	•	inted name of persor	a signing)	
	1	Presiden!	<u>t</u>	
	(Title of person signi	ng)	