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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Phoenix Rehab Ce	nter, Corp	
DOCUMENT NUME	BER: <u>P1800007</u>	0676	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Juan	Carlo Br	uno Rodnávoz
	Phoeni	Name of Contact Perso	Ponter, Corp.
	PA. Box	440624	V
	Hlip	Address MI, FL 331	44-0624
		City/ State and Zip Cod	e
	phoenixrehal	buoler 18 a g	mail. eoso
	É-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Tuan Ca	clas Poveno	at ( <u>7</u> 86	)
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Phoenix Rehab Center, Corp

rnoenix kenao Cenier, Corp	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P18000070676	
(Document Number o	of Corporation (if 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," " "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	m
	<del></del>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	F11 2: 1/0
	?
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>u</u>
Name of New Registered Agent	
(Florida sti	rect address)
New Registered Office Address:	, Florida
New Negasierea Office Maaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New R	Registered Agent, if changing
, ,	
Check if applicable	

☐ 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\approx$  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	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	ARIEL GONZALEZ	8500 WEST FLAGLER ST 106
Add			MIAMI, FL 33144
X Remove			
2) Change			
Add			
Remove 3 ) Change		<del></del>	
Add			
Remove			- <del></del>
4) Change		<u> </u>	<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself.  (if not applicable, indicate N/A)		dding additional Art sheets, if necessary).	(Be specific)			
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	04/28/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/28/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/24/202 Dated	0	
Signature	Bueno Mierro	
(Ву а	drector, president or other officer - if directors or officers have no	
	ed, by an incorporator — if in the hands of a receiver, trustee, or ot nted fiduciary by that fiduciary)	her court
	JUAN C BUENO RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·