## P19000 050 a87

(Re	equestor's Name)		
	ldress)		
(AC	idress)		
(A.			
(Ac	ldress)		
(0)	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	e)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
<u> </u>			

Office Use Only



300331989683

07/29/19

2013 JEE 29 PH 1: 32

R. WH'TE 100 02 200

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: REHAB AND M	MED CENTER CORP			
DOCUMENT NUMBER: P19000050287	·			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this n				
	YENISLEY AGUIAR			
	Name of Contact Person			
	Firm/ Company			
2500 SW 107TH AVE STE # 40				
Address				
MIAMI, FL 33165				
	City/ State and Zip Code			
REHABA	NDMEDCENTER@YAHOO.COM			
E-mail address: (to be u	ised for future annual report notification)			
For further information concerning this matter, plea				
YENISLEY AGUIAR	786 906-7783			
Name of Contact Person	at ()			
Enclosed is a check for the following amount made	Area Code & Daytime Telephone Number			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

## REHAB AND MED CENTER CORP.

	• • •	
2019 JUL 29	PM 1. 2	<u>~</u>

( <u>Name</u>	of Corporation as currently filed with	h the Florida Dept. of State)
		t in the
	(Document Number of Corporation	on (if known)
ursuant to the provisions of section 607 section 607 Articles of Incorporation:	7.1006, Florida Statutes, this Florida Pro	ofit Corporation adopts the following amendment(
If amending name, enter the new n	ame of the corporation:	
ora - chartered, " "professional associa	ution," or the abbreviation "P.A."	The new any," or "incorporated" or the abbreviation cofessional corporation name must contain the
Enter new principal office address, Principal office address MUST BE A S	if applicable:	
•		
Enter new mailing address, if apple (Mailing address MAY BE A POST	icable: OFFICE BOX)	
If amending the registered agent an new registered agent and/or the new	d/or registered office address in Floric	da, enter the name of the
Name of New Registered Agent	YENISLEY AGUIA	R
	(Florida street address)	
New Registered Office Address:	2500 SW 107TH AVE STE #40 MIAM	II FL 33165
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if ch	anging Registered Agent: red agent. I am familiar with and accep	

Page 1 of 4

Signs ure 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, an 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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:		ry Smun, Sv as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	YENISLEY AGUIAR	
Add		— <del>—</del>	
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4)			
4) Change Add			
Remove			
5) Change	<del></del>		
Add			
Remove		-	
6) Change			
Add			
Remove			

It amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	
· - · · · · · · · · · · · · · · · · · ·		
an amendment provides for an exch provisions for implementing the amer	inge, reclassification, or cancellatio	on of issued shares
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in the amen	dment itself:

The date of each amendment(s) adopt date this document was signed.	lon:	, if other than
Effective date if applicable:	6/12/2019	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Department	does not most the U. L.	l not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted laction was not required.	by the incorporators without shareholder action and shareholder	
Dated	7/16/2019	
Signature	fail	
(By a director selected, by a	r, president or other officer – if directors or officers have not been	-
	in incorporator — if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
_1/2	visley Aguiar.	
	(Typed or printed name of person signing)	
<del>-</del>	PT	
	(Title of person signing)	