## P2C CCCC32781

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LUCKY REHABI	LITATION CENTER COR	LP			
DOCUMENT NUM	BER: P20000032781					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	itter to the following:				
	RENIER MARRERO					
		Name of Contact Persor	1			
	LUCKY REHABILITATION CENTER CORP					
	Firm/Company					
	6001 WEST FLAGLER STREET SUITE 100					
		Address				
	MIAMI, FLORIDA 33144					
	<del></del>	City/ State and Zip Code	2			
	LUCKYREHABSERVICES	@GMAIL.COM				
		sed for future annual report	notification)			
For further information	on concerning this matter, plea	se call:				
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43,75 Filing Fee & Certificate of Status	\$43.75 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

2021 MAR -2 PHIS

LUCKY REHABILITATION SERVICES CORP	as currently filed with the Florida Dept. of State)
(Name of Corporation	as currently filed with the Florida Dept. of State)
P20000032781	
(1)осипет	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corr	poration:
LUCKY MEDICAL & REHABILITATION CENTER (	CORP The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	PESS )
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Lip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: um familiar with and accept the obligations of the position.
Signatu	ire of New 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 = 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			, <u> </u>	
Remove				
6) Change				
		_	<u> </u>	
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
lf an amendment provides for an exch	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)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

. .

	) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s 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)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	2/23/2021	
Signature	4./	
	a director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot	
app	pointed fiduciary by that fiduciary)	mer court
	RENIER MARRERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·····