

L15000203156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
KATIE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL REHABILITATION OF ORTHOPEDICS AND SPORTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARIF TABBAH

Name of Person

Firm/Company

60 SW 13TH STREET

Address

MIAMI, FL 33130

City/State and Zip Code

sharif.tabbah@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharif Tabbah

Name of Person

at (203)

Area Code

550-0799

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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TO
ARTICLES OF ORGANIZATION
OF

PROFESSIONAL REHABILITATION OF ORTHOPEDICS AND SPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 4, 2015 and assigned
Florida document number L15000203156.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Athletix Rehab and Recovery, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KFK Physio, Inc.	185 SW 7th Street, Unit 3304	☒ Add
		Miami, FL 33130	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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RECORDS & COMM. DIV.
TALLAHASSEE, FLORIDA

company/LLC name, however I included it once again to ensure it was added to the new LLC name as well)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2016

Signature of a member or authorized representative of a member

Sharif Tabbah

Typed or printed name of signee