

LN000117233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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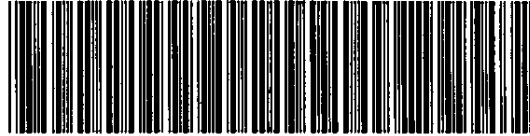
(Business Entity Name)

(Document Number)

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2015 AUG 15 P 2:02
CLERK OF STATE
TAMPA, FLORIDA

S Warren

AUG 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physical Therapy Athletic Center 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:

Luis Perez
Name of Person
Physical Therapy Athletic Center LLC
Firm/Company
6840 SW 40th St #210
Address
MIAMI FL 33155
City/State and Zip Code
N/A
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Perez at (786) 202-8610
Name of Person Area Code 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Physical Therapy Athletic Center 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 06/17/2010 and assigned Florida document number L16000117233

This amendment is submitted to amend the following:

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

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)

6840 SW 40 ST
Suite 210
MIAMI FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6840 SW 40 ST
Suite 210
MIAMI FL 33155

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:

Luis Perez

New Registered Office Address:

6840 SW 40 ST #210

Enter Florida street address

MIAMI

Florida

33155

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Perez, Luis R, Jr	238 NW 85th Ct	<input type="checkbox"/> Add
		Miami, FL 33120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Roman Diaz, Ernesto	238 NW 85th Ct	<input type="checkbox"/> Add
		Miami, FL 33120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Perez, Luis R, Jr	6840 SW 40 St	<input checked="" type="checkbox"/> Add
		Suite 210	<input type="checkbox"/> Remove
		Miami FL 33155	<input type="checkbox"/> Change
MGRM	Roman Diaz, Ernesto	6840 SW 40 St	<input checked="" type="checkbox"/> Add
		Suite 210	<input type="checkbox"/> Remove
		Miami FL 33155	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated August 10, 2016.

Signature of a member or authorized representative of a member

Luis R Perez Jr
Typed or printed name of signee

Typed or printed name of signee

FILED
2016 JUN 15 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA