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COVER LETTER

Division of Co	rporations		
FREEMAN SUBJECT:	N PHYSICAL THERAPY, LLC		
Sobject.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Collect Freeman		
		Name of Person	
	Freeman Physical Therapy	LLC	
		Firm/Company	
	2649 Caroline Hills Drive		
		Address	
	Jacksonville, Fl. 32225		
	freemanphysicaltherapy@g	City/State and Zip Code mail.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
Colleen Freeman		202 210-8726 at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

FREEMAN PHYSICAL THERAPY, LLC

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

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number £19000200327	ompany were filed on August 6th, 2019	9 and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limited and contain the words and contain the words "Limited and contain the words and contain the words and contain the words are contained and contain the words are contained and contain the words are contained and cont	ited Liability Company," the designation "I.I.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019 (ICT
(Principal office address MUST BE A STREET ADDR	ESS)	·- C
Enter new mailing address, if applicable:		. 12:
(Mailing address MAY BE A POST OFFICE BOX)		်- ယ
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addre	
	глиет глопий мгеен иййгс	31
	City F	loridaZip Code
New Registered Agent's Signature, if changing Registered	·	zip Grae
	······································	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, a tent as provided for in Chapter 605	ind I am familiar with and , F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

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>	Type of Action
/1	Devin Freeman	2649 Caroline HIlls Drive	
46			
		Jacksonville, FL	
			■ Remove
		32225	
			□ Change
 			□ Add
			Remove
			□ Change
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			□ Remove
			Change
			Remove
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			Add
			□ Remove
		······································	Change

	August 6th, 2019
(Ifan e <u>Note</u> :	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th play after the record is filed.
Dated	<u>vetober 2</u> . 2019
	Signature of a member of synthonized representative of a member
	Colleen F Freeman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00