

L01000004037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

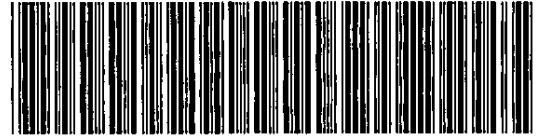
(Document Number)

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12/04/15--01008--023 **25.00

FILED
2015 DEC 15 PM 2:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 17 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2015

EUROPEAN PHYSICAL THERAPY LC
MIKE KATZ
5922 CATTLEMAN LANE, STE. 100
SARASOTA, FL 34232

SUBJECT: EUROPEAN PHYSICAL THERAPY LC
Ref. Number: L01000004037

RECEIVED
15 DEC 15 - AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EUROPEAN PHYSICAL THERAPY LC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Also, is the new name of the company spelled "Fyzical Sarasota LLC"?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00025568

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EUROPEAN PHYSICAL THERAPY LC

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:

MIKE KATZ

Name of Person

EUROPEAN PHYSICAL THERAPY LC

Firm/Company

5922 CATTLEMAN LANE SUITE 100

Address

SARASOTA, FL 34232

City/State and Zip Code

mkatmandu@aol.com

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

For further information concerning this matter, please call:

Mike Katz

941

378-8977

at ()

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**

EUROPEAN PHYSICAL THERAPY LC

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

FILED
2015 DEC 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 15, 2001 and assigned
Florida document number L01000004037.

This amendment is submitted to amend the following:

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

Fyzical Sarasota 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:

MIKE KATZ

New Registered Office Address:

5922 CATTLEMAN LANE SUITE 100

Enter Florida street address

SARASOTA

City

Florida 34232

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.


Michael Katz
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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2015 DEC 15 PM 2:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

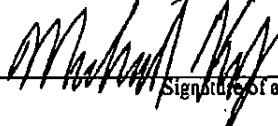
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/1/15



Signature of a member or authorized representative of a member

MIKE KATZ

Michael Katz

Typed or printed name of signer