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COVER LETTER

TO:		ation Section of Corpor		
eup u		JLLMEYER	 R PHYSICAL THERA	PY. LLC
SUBJE	.ci: _	<u> </u>	Name o	f Limited Liability Company
The end	closed Ar	ticles of Am	endment and fee(s) are	e submitted for filing.
Please	return all	corresponde	ence concerning this m	atter to the following:
				Jaafar Choufani
				Name of Person
			Å	ll Allen, Dyer, Doppelt & Gilchrist, P.A.
				Firm/Company
				255 S. Orange Avenue, Suite 1401
				Address
				Orlando, Florida 32801
				City/State and Zip Code
				jchoufani@allendyer.com
		_	E-mail addr	ess: (to be used for future annual report notification)
For furt	her infor	mation conc	erning this matter, plea	II ase call:
Jaafar (Choufani			407 841-2330 at ()
		Name of Pe	rson	Area Code Daytime Telephone Number
Enclose	ed is a ch	eck for the fo	ollowing amount:	
\$25	.00 Filin	g Fee [□ \$30.00 Filing Fee & Certificate of Statu	
		Registratio Division of P.O. Box 6	f Corporations	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

DULLMEYER PHYSICAL THERAPY, 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 March 18, 2002 and assigned Florida document number L02000006239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRIPT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the about 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

AGR = N	lanager Authorized Member		
itle	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			
			☐ Remove
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			☐ Change
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If amending any other information	on, enter change(s) here: (Attach additional she	ets, if necessary.)
		
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an effective date is listed, the date must b	ate of filing: e specific and cannot be prior to date of filing or more than 9 k does not meet the applicable statutory filing require artment of State's records.	90 days after filing.) Pursuant to 605.0207
e record specifies a delayed o The 90th day after the recor	ffective date, but not an effective time, at	t 12:01 a.m. on the earlier of
August 29	2017	
Si Edward J. Dullmeyer	gnature of timember of authorized representative of a mem	aber
	Typed or printed name of signee	
	Page 3 of 3	