L0600010A783

(Requestor's Name) (Address)	200184092822		
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL	08/09/1001054003 **25.00		
(Business Entity Name)			
(Document Number) Certified Copies Certificates of Status	10 AUG -9		
Special Instructions to Filing Officer: KAHULLAMUSTAN WITHORITA TON BY PHONE TO WARELT MANE KAHUEN CAN	PH 2: 41 PH 2: 41		
MATE SIDIO			

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Office Use Only

COVER LETTER

TO:		tion Section of Corporation	18		
SUBJ	ECT:	CENTRAL	FLURIDA Sp Name of Limi	OURTS 3 PHYSICAL THER	иру
The er	closed Artic	cles of Amendm	nent and fee(s) are sul	omitted for filing.	
Please	return all co	orrespondence c	concerning this matter	to the following:	
			KATHL	Name of Person	rvis
				Firm/Company	
3560 RAM			3560	RAMBLEVE P.O. BOX =	700097
			ST. CI	Address Jun, FL 34770	
			Kathleen; E-mail address:	City/State and Zip Code Ar VIS 07 @ ao1. Com to be used for future annual report notificat	tion)
For fu	rther inform	ation concerning	g this matter, please o	eali:	
		HLEEN .	Larvis	at (321) 6.24 - 25 Area Code & Daytime T	390
	1	Name of Person		Area Code & Daytime T	elephone Number
Enclos	ed is a chec	k for the follow	ing amount:		
\$25	5.00 Filing F		.00 Filing Fee & Pertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAILING AD		STREET/COURIER Pagintention Socion	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	SpORTS & PL	1451CAL T	HERAPY	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	<u>ianý as it now appears</u> Liability Company)	on our records	3 1	
The Articles of Organization for this Limited Liability Compan	ny were filed on _06000109783	11/10/200	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	:		
	•		0	SE SE
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Compan	y," the designati	on "LLC" or a	e abligeviation
Enter new principal offices address, if applicable:		13th ST.		2 CZ
(Principal office address MUST BE A STREET ADDRESS)	ST CLOU	1D, FL 3.	1769	PH CENT
•				2: AA
Enter new mailing address, if applicable:				* **
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ur records, <u>en</u>	ter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:		•		
	Ente	er Florida stree	t address	
<u></u> _	, Florida			
	City		Zip Co	ode

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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	LERDY JARVIS	3560 RAMBLER AVE ST. CLOUD, FL 34972	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
_	CHANGE ADDRESSES OF HENKAT INC. TO: 4	KATHLEN CABALLERU JARVIS 237 13th ST.	_
_		r. cloup, R 34769	_
_			_
Dated	lug 5, 20 Katul	ey Jain Kathlen Caballe	My Garin
	1477460	er or authorized representative of a member APTICAN CAMULAND Ed or printed name of signee	(/

Page 2 of 2

Filing Fee: \$25.00