

L06000117570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

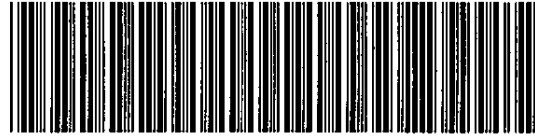
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPORTS Physical Therapy, 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:

Robert Neil White
(Name of Person)
PERFORMANCE
SPORTS Physical Therapy, LLC
(Firm/Company)
2815 W. PEARL AVE.
(Address)
TAMPA, FL 33611
(City/State and Zip Code)

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For further information concerning this matter, please call:

Robert Neil White at (813) 787-6733
(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**

SPORTS Physical Therapy, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/11/06 and assigned document number LO6000117570.

SECOND: This amendment is submitted to amend the following:

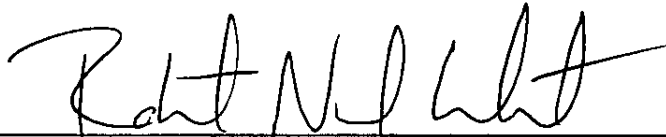
Name of LLC

THE CORRECT NAME SHOULD BE:

SPORTS PERFORMANCE THERAPY, LLC

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Dated DECEMBER 20th, 2006.



Signature of a member or authorized representative of a member

Robert Neil White

Typed or printed name of signee

Filing Fee: \$25.00