

# L07000034289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

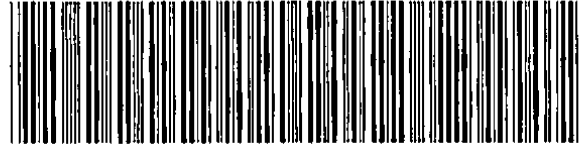
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FILED  
2023 FEB 1 AM 10:53  
TALLAHASSEE, FL  
CLERK OF STATE

RECEIVED  
2023 FEB 1 PM 1:38  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$25.00  
AUTHORIZATION SIGNATURE: 

IN MOTION PHYSICAL THERAPY, L.L.C.

Business Name

**Document Number, (if known):**

     Walk in

     Pick up time         

     Mail out

     Will wait      Photocopy

     **Certified Copy of the Articles of Organization**

     **Certificate of Status**

**NEW FILINGS**

     Profit

     Not for Profit

     Limited Liability

     Domestication

     Other

     **CORP**

     **PLLC**

**AMMENDMENTS**

     **X** Amendment

     Resignation of R.A. Officer/Director

     Change of Registered Agent

     Revocation of Dissolution

     Merger

     **Conversion**

     **Amended and restated Articles**

     **Statement of Authority**

**OTHER FILINGS**

     Annual Report

     Fictitious Name

     **APOSTIL(**  
**Country**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing

     Limited Partnership

     Reinstatement

     Other

**EXAMINER'S INITIALS:**

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IN MOTION PHYSICAL THERAPY, L.L.C.

\_\_\_\_\_  
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:

KATE MESIC, ESQUIRE

\_\_\_\_\_  
Name of Person

LAW OFFICES OF KATE MESIC, PA

\_\_\_\_\_  
Firm/Company

6550 ST. AUGUSTINE ROAD, SUITE 305

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32217

\_\_\_\_\_  
City/State and Zip Code

KATE@MESICLAW.COM

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

For further information concerning this matter, please call:

KATE MESIC, ESQUIRE

904 619-2510  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2023 FEB -1 AM 10:54

IN MOTION PHYSICAL THERAPY, L.L.C.

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/30/2007 and assigned  
Florida document number 1.07000034289

This amendment is submitted to amend the following:

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

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:

Joanna Frantz

New Registered Office Address:

4776 HODGES BOULEVARD SUITE 101

*Enter Florida street address*

Jacksonville

*City*

Florida 32224

*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.*

*Joanna Frantz*

**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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Wiest	4776 HODGES BOULEVARD SUITE 101	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Joanna Frantz	4776 HODGES BOULEVARD SUITE 101	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. **Effective date, if other than the date of filing:** 01 / 31 / 2023 (optional) STATE 10:57  
(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)  
**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 01 / 31 / 2023

John K Wiest

Signature of a member or authorized representative of a member

JOHN KEVIN WIEST

Typed or printed name of signee

**Filing Fee: \$25.00**