- LUNCOOSSNUS

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

f



10/06/14--01021--009 \*\*175.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF GARDENS PHYSICAL MEDICINE, LLC

The Articles of Organization for GARDENS PHYSICAL MEDICINE, LLC. were filed on August 29, 2007 and assigned Florida Document Number: L07000088728.

This Amendment is submitted to amend the number of Members of the limited liability company and to add another Manager. The two Members of GARDENS PHYSICAL MEDICINE, LLC. will now be **PHILIP SCUDERI**, **JDC**, and **WENDY MARIE SCUDERI**, They will also both be Managers. Their addresses is 4383 Northlake Boulevard, Suite 309, Palm Beach Gardens, Florida, 33410.

The principal address of GARDENS PHYSICAL MEDICINE, LLC.will be 4383 Northlake Boulevard, Suite 309, Palm Beach Gardens, Florida, 33410.

All other terms and conditions of the original Articles of Organization of GARDENS PHYSICAL MEDICINE, LLC. will remain the same.

This Amendment is effective immediately.

P ....

**IN WITNESS WHEREOF,** the undersigned, PHILIP SCUDERI, JDC being the Manager of GARDENS PHYSICAL MEDICINE, LLC. does hereby make, subscribe, acknowledge and file this Amendment to the Articles of Organization of GARDENS PHYSICAL MEDICINE, LLC.

-I-

hereby declaring and certifying that the facts therein stated are true and correct, and have hereunto set my hand and seal this **3** day of October, 2014.

AM II: 4

PHILIP SCUDERI, JDC. Managing Member

STATE OF FLORIDA )(

COUNTY OF PALM BEACH )(

Before me, the undersigned authority personally appeared PHILIP SCUDERI, JDC who is personally known or who has produced <u>MA</u> as identification, to me and after being by me first duly cautioned and sworn, upon his oath, deposes and says that he has the authority to sign these Articles of Amendment to the Articles of Organization of **GARDENS PHYSICAL MEDICINE, LLC.** and acknowledges the said execution by his and voluntary act and deed, and that the facts therein stated are truly set out.

WITNESS my hand and official seal this <u>3</u> day of October, 2014.

Notary Public

Notary Stamp:

