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EXAMINEF

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pro Motion Therapy of Limited Liability Company	ake lity, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Brian J. Saganga	
Pro Motion Therey	7
404 Hall of Fa	me Dr.
Lake City FLs.  City State and Zip Code  E-mail address: (to be used for future annual	3.2.055.
For further information concerning this matter, please call:	~ رسالين
Molinda Saange at (386) Name of Person Area Coo	755-3164 Pride & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy)	Certificate of Status &
Registration Section Registration Division of Corporations Divisio P.O. Box 6327 Clifton Tallahassee, FL 32314 2661 E.	ation Section of Corporations Building executive Center Circle ssee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Motion Therapy	of take City, UC				
( <u>Name of the Limited Liability Codhpa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 9/24/2007 and assigned				
Florida document number L070000 97 27 6.					
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 end with the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation				
L.L.C."	<u> </u>				
Enter new principal offices address, if applicable:	Pro Motion Therapy 300				
(Principal office address MUST BE A STREET ADDRESS)	HOY Hall of Fame Dries				
	Lake hity FL 32033 B				
	ု ု ု ု ု ု ု ု ု ု ု ု				
Enter new mailing address, if applicable:	Per Motion Therapy = IT				
(Mailing address MAY BE A POST OFFICE BOX)	404 Hall of Fame De 5				
	Lake viry PU 3720537				
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				
	City 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
·			<u> </u>
	<u></u>		£ Un D ANS
NAME OF THE OWNER O			Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional shee	
_			
 Dated/	2/2/11	2	
		a member or authorized representative of a me Member - Typed or printed name of signee	ember

Page 2 of 2

Filing Fee: \$25.00