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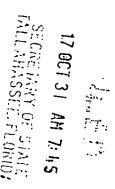
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACCESS Physical Therapy, Uc Name of Limited Liability Company 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:
Hanz Tabora
Access Thysical theyapy, uc
8563 Argyle Business Loop Suite Z
Jackson ville FL 32244 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hanz Toword at 904, 771-3679 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) 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

Access Mysical	Therapy, Lu	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on hur frecords.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO800092243</u>	were filed on <u>09/29/20</u>	208 and assigned
Articles of Organization for this Limited Liability Company were filed on		
Plorida document number LO800091243 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 "LLC". 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:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8563 Avayle Busi	ness loop
(Principal office address MUST BE A STREET ADDRESS)	Suite 2' Jackonville, FL	32244
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		er the name of the new
		71. 17
Name of New Registered Agent:		
New Registered Office Address:	F	<u>်င္ကသို့ ယ</u>
	Enter Florida street address	
	, Florida _	O Zip Cook

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.

New Registered Agent's Signature, if changing Registered Agent:

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 added or removed from our records:

MGR = Manager

AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jasmin Y. Tabora	8563 Argyle Business Loo	Po Add
		Suite 2	□ Remove
		Jacksonville, FL32244	Change
MGR	Hanz K. Tabora	8563 Argyle Business Lo	<u>≫</u> [€a ∧dd
		Suite 2	C Remove
		Jacksonville, FL 3224L	Change
MGR	Jose D. Lucero, III	4129 Eagle Landing Ph	DAY Add
		Orange Park, FL 3206	5 Remove
			_D Change
AMBR	Carry S. Lucero	4129 Eagle Landing PKW	Y□ Add
		Ovange Park, FL32066	Remove
			Change
			_D Add
			_□ Remove
			Change
			_D Add
			_ Remove
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an effe	ve date, if other than the date of filing:	o 605,0, • listed	207 Las
ocume	nt's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier	of
e rece The	90th day after the record is filed.		
The '	October 31 7017		

Page 3 of 3

Filing Fee: \$25.00