

LD9000121719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

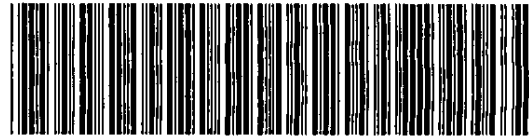
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Optimal Performance and Physical Therapies - Land O' Lakes, 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:

**Michael D Fittin**

Name of Person

**Optimal Performance and Physical Therapies - Land O' Lakes, LLC**

Firm/Company

**21756 SR 54, Suite 102**

Address

**Lutz, FL 33549**

City/State and Zip Code

**buzzfittin@mac.com**

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

For further information concerning this matter, please call:

**Michael D Fittin**

Name of Person

at ( **813 345-4558** )

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**

**Optimal Performance and Physical Therapies - Land O' Lakes, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 12/23/2009 and assigned  
Florida document number L09000121719.

This amendment is submitted to amend the following:

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

Active Life Physical Therapy, LLC

The new name must be distinguishable and end with 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)**

Active Life Physical Therapy

21756 SR 54, Suite 102

Lutz, FL 33549

**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:

Michael D Fittin

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  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael D Fittin	21756 SR 54	<input checked="" type="checkbox"/> Add
		Suite 102	<input type="checkbox"/> Remove
		Lutz, FL 33549	
MGR	Mike Fittin	21756 SR 54	<input type="checkbox"/> Add
		Suite 102	<input checked="" type="checkbox"/> Remove
		Lutz, FL 33549	
MGR	Michael Fittin	21748 SR 54	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Lutz, FL 33549	
			<input type="checkbox"/> Add
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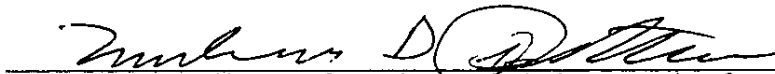
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. Change of company name.

2. Update of registered agent correct name spelling. Not changing registered agent.

3. Change of mailing address.

Dated March 9, 2013



Signature of a member or authorized representative of a member

Michael D Fittin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00