

L11000010933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

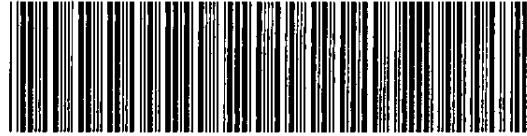
Special Instructions to Filing Officer:

L. SELLERS

MAY - 6 2011

EXAMINER

Office Use Only



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05/03/11--01019--U25 **55.00

FILED
11 MAY -3 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Homestead Physical Therapy, 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:

Raymond Levy

Name of Person

Total Therapy Management, Inc.

Firm/Company

9780 E Indigo Street, Suite 204

Address

Palmetto Bay, Florida 33157

City/State and Zip Code

raymond@tmminc.net

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

For further information concerning this matter, please call:

Raymond Levy

Name of Person

at (305)

219-8055

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**

Homestead Physical Therapy, 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 January 26, 2011 and assigned
Florida document number L11000010953.

This amendment is submitted to amend the following:

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

Krome Avenue 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:

999 N. Krome Avenue

(Principal office address MUST BE A STREET ADDRESS)

Homestead, FL 33030

Enter new mailing address, if applicable:

999 N. Krome Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Homestead, FL 33030

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:

Raymond Levy

New Registered Office Address:

9780 E Indigo Street, Suite 204

Enter Florida street address

Palmetto Bay

Florida

City

FILED
11 MAY - 3 PM 2011
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Raymond Levy
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:

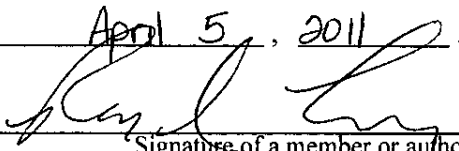
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Palmetto Comprehensive Health Care, Inc.	1313 SW 1st Street Miami, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Total Therapy Management, Inc.	9780 E Indigo Street, Suite 204 Palmetto Bay, FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 5, 2011



Signature of a member or authorized representative of a member

Raymond Levy, Member

Typed or printed name of signee