## 11000011626

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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		COVER LETTER	
TO: ' Registration S Division of Co			
SUBJECT:	GENERAL PHYSIC	AL THERAPY SERVICES	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		MARIA DELGADO	
		Name of Person	
	GENERAL P	HYSICAL THERAPY SERVICE	S
		Firm/Company	
	573	38 OLD CHENEY HWY	
		Address	
	(	DRLANDO, FL 32807	
	(.) a	City/State and Zip Code	$\sim \infty$
	E-mail address: (	to be used for future annual report notification	1)
For further information	concerning this matter, please c	call:	
MAF	RIA DELGADO	at ( 407 )340	-0229
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
See	\$30.00 Filing Fee &	<b>\$55.00</b> Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center O Tallahassee, FL 32301	s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL	. PHYSICAL THERAPY SERVICES LLC	
(Name of the Lin	mited Liability Company as it now appears on our records.)	
	(A Florida Limited Liability Company)	

The Articles of Organization fo	r this Limited Liability Company v	vere filed on	1/27/2011	and assigned
Florida document number	LL000011626			

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 "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)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	MARIA DELGADO		1 (4)	
New Registered Office Address:	5738 OLD CHENEY HWY	:#		an fair an
	Enter F	lorida street addre		n: *379622 
	ORLANDO	, Florida	<u>c</u> -32807	1 VI
	City	· · ~ **	Zip Co <u>d</u> e	
New Registered Agent's Signature, if changing	Registered Agent:	197 198 198	<u>ង</u> ក	

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

\_\_\_\_\_

\_\_\_\_

MGR = Manager MGRM = Managing Member

\_\_\_\_\_.

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Title	Name	Address	Type of Action
MGRM	JUAN M DELGADO	2691 MUSCATALLO ST ORLANDO EL 32837 US	Add Remove
MGRM	MARIA DELGADO	2691 MUSCATALLO ST ORLANDO FL 32837 US	_ Add _ Remove
			_ Add _ Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			-
 Dated	FEBRUARY 23 201	1 6	
	,/	Mure.	
	(IRA MED	Juthorized representative of a member PA printed name of signee	

Page 2 of 2

Filing Fee: \$25.00