

L110000095244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 SEP - 1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 8 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nokomis 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:

Kenneth I Tribit

Name of Person

Firm/Company

4964 Fruitville Rd

Address

Sarasota, FL 34232

City/State and Zip Code

ktribit@yahoo.com

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

For further information concerning this matter, please call:

Kenneth I Tribit

Name of Person

at (941)

706-1230

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 25, 2011

KENNETH I TRIBIT
4964 FRUITVILLE RD
SARASOTA, FL 34232

SUBJECT: NOKOMIS PHYSICAL THERPAY, LLC
Ref. Number: L11000095244

We have received your document for NOKOMIS PHYSICAL THERPAY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00019925

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

11 SEP -1 PM 1:47

Nokomis Physical Therpay, LLC

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

(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 8/18/11 and assigned
Florida document number L11000095244.

This amendment is submitted to amend the following:

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

Nokomis 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)

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
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			<input type="checkbox"/> Remove

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

FILED
11 SEP - 1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8/26/11, _____.

Keneth I. Tolst
Signature of a member or authorized representative of a member

Keneth I. Tolst
Typed or printed name of signee