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SEP 25 2019
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CARE PHYSICAL THERAPY ASSOCIATES of BROWARD, L.L.C.
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:

Alcides L. Maldonado

Name of Person

CARE PHYSICAL THERAPY ASSOCIATES of BROWARD, L.L.C.

Firm/Company

7653 NW 70th Ave.

Address

Parkland, FL 33067

City/State and Zip Code

alandnat@comcast.net

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

For further information concerning this matter, please call:

Alcides L. Maldonado

Name of Person

954
at ()
Area Code

608-5695

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 Fil
Certificat
Certified
(additional)

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**

CARE PHYSICAL THERAPY ASSOCIATES of BROWARD, L.L.C.

(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 04/03/2012 and assigned
Florida document number L12000046218.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8130 Royal Palm Blvd

Suite 104

Coral Springs, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8130 Royal Palm Blvd

Suite 104

Coral Springs, FL 33065

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

Name of New Registered Agent:

Alcides L. Maldonado

New Registered Office Address:

7653 NW 70th Ave

Enter Florida street address

Parkland

City

Florida 33067

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 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.


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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alcides L. Maldonado	8130 Royal Palm Blvd	<input checked="" type="checkbox"/> Add
		Suite 104	<input type="checkbox"/> Remove
		Coral Springs, FL 33065	<input type="checkbox"/> Change
AMBR	Abraham R. Freeman	5576 W. Sample Rd.	<input type="checkbox"/> Add
		Margate, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September, 12 2019

Charles R. Farnsworth

Signature of a member or authorized representative of a member

Abraham R Freeman

Typed or printed name of signee