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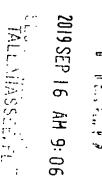
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## COVER LETTER

COVERLETTER	
Registration Section Division of Corporations  SUBJECT: CARE PHYSICAL THERAPY ASSOCIATES of BROWARD, L.L.C	
SUBJECT: 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.	-
Parkland, FL 33067  City/State and Zip Code	
alandnat@comcast.net  E-mail address; (to be used for future annual report notification)	-
Alcides L. Maldonado  Area Code  Area Code  Daytime Telephone Nu	ımber
Name of Person	
The second strains for & second copy Co	).00 Fi ertific ertific eddition
COURTER ADDR	RESS

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 323 14

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 A		, , , , , , , , , , , , , , , , , , , ,	d)		
(Same of the Lim	(A Florida Limited	any as it now appears on our rec Liability Company)	rorus.)		
The Articles of Organization for this Limited I	Liability Company	were filed on 04/03/2012	a	nd assi	gned
Florida document number	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "I	LLC" or the abbreviat	ion "L.L	C."
Enter new principal offices address, if appli	cable:	8130 Royal Palm Blvd		2	
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 104	TAL	919	
		Coral Springs, FL 33065		\$£.5	ار و اوران
			25.55	9	( TITE
Enter new mailing address, if applicable:		8130 Royal Palm Blvd	er er	<u> </u>	1.54
(Mailing address MAY BE A POST OFFICE	E BOX)	Suite 104	<u> </u>	ب	TRUM CRUSS
		Coral Springs, FL 33065	· · · · · · · · · · · · · · · · · · ·	06	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the n	ame o	<u>f the r</u>
Name of New Registered Agent:	Alcides L. Maldonado				
New Registered Office Address:	7653 NW 70tl	n Ave			
-		Enter Florida street add	dress		
	Parkland		Florida 33067		
		City	Zip	Code	

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Alcides L. Maldonado	8130 Royal Palm Blvd	
MGR			<b>⊟</b> Add
		Suite 104	
			☐ Remove
		Coral Springs, FL 33065	
			Change
	Abraham R. Freeman	5576 W. Sample Rd.	
AMBR			☐ Add
		Margate, FL 33073	
			Remove
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(If an effective Note: If t	date, if other than the ve date is listed, the date much he date inserted in this bear seffective date on the fi	ist be specific an lock does not i	d cannot be price meet the appli	icable statuto	ing or more than ry filing requi	(optiona 90 days after fili rements, this da	ng.) Pursuant to 60	5.0207 (3 ted as th
the record ) The 90	d specifies a delaye oth day after the rec	d effective ( cord is filed.	date, but n	ot an effe	ctive time, a	at 12:01 a.m	n. on the earli	er of:
Se <sub>l</sub>	ptember, 12		2019					
	Quahu	Signature of a	ntember or auti	horized repres	entative of a me	mber		
		Signature of d	recinion or auti	an med repres	emause of a file	moei		
	Abraham R Freeman							

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