

L12000 104928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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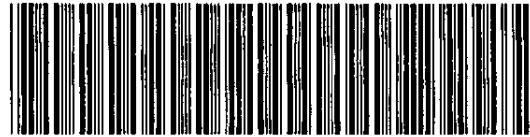
(Business Entity Name)

(Document Number)

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AUG 26 2013

WASHINGTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Saylor Physical Therapy Lake Mary, 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:

Jamii Saylor

Name of Person

Saylor Physical Therapy Lake Mary, LLC

Firm/Company

745 Primera Blvd., Suite 1021

Address

Lake Mary, Florida 32746

City/State and Zip Code

jamii@saylorpt.com

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

For further information concerning this matter, please call:

Jamii Saylor

Name of Person

at **(561) 223-3872**

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**

Saylor Physical Therapy of Lake Mary, 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 8/15/12 and assigned
Florida document number 212000104928

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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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jamii Saylor

New Registered Office Address:

745 Primera Blvd., Suite 1021

Enter Florida street address

Lake Mary

City

Florida 32746

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>
MGRM	Lisa A. Fossett	745 Primera Blvd.,	<input checked="" type="checkbox"/> Add
		Suite 1021	<input type="checkbox"/> Remove
		LM,FL 32746	
MGRM	Jamii Saylor	745 Primera Blvd.,	<input type="checkbox"/> Add
		Suite 1021	<input checked="" type="checkbox"/> Remove
		LM,FL 32746	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8/20

2013

Lisa A. Fossett, MPT

Signature of a member or authorized representative of a member

Lisa A. Fossett

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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