

L12000135866

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHYSICAL THERAPY-CONNECTION LLC

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March 16, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PHYSICAL THERAPY-CONNECTION LLC
2025 SE 9TH AVE
OKEECHOBEE, FL 34974US

SUBJECT: PHYSICAL THERAPY-CONNECTION LLC
REF: L12000135866

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The fax audit page was recieved sideways. Please re fax in portrait format.

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KYLE D BRUMBLEY

Regulatory Specialist II Supervisor
Registration Section

FAX Aud. #: H22000095446

Letter Number: 422A00006187

DocuSign Envelope ID: C7AF564E-4932-46F7-8B2C-483CD6DA4FBD

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

(((H22000095446 3)))

PHYSICAL THERAPY-CONNECTION 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 10/25/2012 and assigned
Florida document number L12000135866.

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)

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: ERAN ORR

New Registered Office Address: 8414 S Federal Hwy

Enter Florida street address

Port Saint Lucie, Florida 34952
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 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.

DocuSigned by:

Eran Orr

If Changing Registered Agent, Signature of New Registered Agent

(((H22000095446 3)))

DocuSign Envelope ID: C7AF564E-4932-46F7-8B2C-483CD6DA4FBD

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>
OWNER	MARIA F. CUELLAR	321 SW LAKE FOREST WAY	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	XRHEALTH USA INC.	1330 BEACON STREET, SUITE 209	<input checked="" type="checkbox"/> Add
		BROOKLINE, MA 02446	<input type="checkbox"/> Remove
			<input 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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