

L13000 108643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

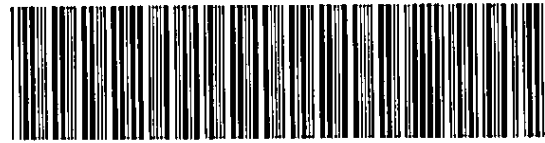
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE  
FBI - MASSACHUSETTS

JUL 09 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2019

GREG CARR  
3948 3RD ST S, #133  
JACKSONVILLE BEACH, FL 32250

SUBJECT: INTEGRATED PHYSICAL THERAPY SERVICES OF NORTH  
FLORIDA, LLC  
Ref. Number: L13000108643

We have received your document for INTEGRATED PHYSICAL THERAPY SERVICES OF NORTH FLORIDA, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 of the amendment form was not included with the returned documents. Please sign at the bottom of the 3rd page and return all documents to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 119A00013081

**RECEIVED**

JUL 05 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTEGRATED PHYSICAL THERAPY SERVICES OF NORFOLK FL  
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:

GREG CARR

Name of Person

INTEGRATED PHYSICAL THERAPY

Firm/Company

3142 3RD STREET SOUTH #133

Address

JACKSONVILLE BEACH FL 32250

City/State and Zip Code

GREG.CARR@INTEGRATEDPTS.COM

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

For further information concerning this matter, please call:

BRETTANY TALLAMER

Name of Person

at ( 304 ) 615-9268

Area Code

Daytime Telephone Number

GREG CARR

904

412-2882

Enclosed is a check for the following amount: PREVIOUSLY PAID

☐ \$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

INTEGRATED PHYSICAL THERAPY SERVICES OF NORTH  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/24/2019 and assigned  
Florida document number L13000108643.

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 "LLC."

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 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	DELL JARVIS	11 CRAZY HORSE COURT	<input type="checkbox"/> Add
MGR		PALM COAST, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATIONER'S OFFICE  
STATE OF FLORIDA  
COUNTY OF PALM BEACH

FILED

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

2019 JUL-5 PM 1:06  
SECRETARY OF STATE  
WASHINGTON, DC 20520

7-17-64

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 1<sup>st</sup> 2019

Signature of a member or authorized representative of a member

Correct CARA

Typed or printed name of signee