L14000186933

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LA-114/21



	Registration Solvision of Co		,				
SUBJEC	Optimal Pe	erformance and Physical Thera	pies-Riverview, LLC				
SUBJEC	-1: <u> </u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Doug Buethe					
			Name of Person	<u>. </u>			
		Optimal Performance and	Physical Therapies-Riverview, LL	С			
			Firm/Company				
		11375 Big Bend Road					
			Address				
		Riverview, FL 33579					
		City/State and Zip Code					
		rpatterson@theoppt.com					
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information o	concerning this matter, please co	all:				
Robert F	Patterson		813 690 4494				
	Name o	of Person		ne Telephone Number			
Enclosed	l is a check for t	he 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		Street Address: Registration Se	ection			
	Division of C	Corporations	Division of Cor	Division of Corporations			
	P.O. Box 632		The Centre of 7				
	Tallahassec,	にし 34314	2413 N. Monro	e Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Optimal Performance and Physical			
(Name of the Dimit	(A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Li Florida document number L14000186933	ability Company were f	îled on 12/05/2014	and assigned
his amendment is submitted to amend the follo	owing:		
L If amending name, enter the new name of	the limited liability co	ompany here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Com	pany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
			- <u> </u>
			20 D
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office address	registered office addres ss here:	is on our records, <u>enter th</u>	ne name of the new register
Name of New Registered Agent:	Doug Buethe		
New Registered Office Address:	11375 Big Bend Road		
LICE DEPOSITES ATTICK TELEPON.		Enter Florida street address	
	Riverview		rida <u>33579</u>
	C	îny .	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.

(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>	Name	Address	Type of Action
MGR	Doug Buethe	11375 Big Bend Road, Riverview, FL	■Add
			□Remove
			□Change
MGR	Patterson Family, LLC	11375 Big Bend Road, Riverview, FL	□Add
			■Remove
			□Change
			□Remove
			□Change
			□Remove
			□Сһапде
			□Add
			□Remove
			□ Change
		 	□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan ei Note:	tive date, if other than the date of filing:
reco d is !	ord 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 filed.
Date	11/11/2020
الكلم	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00