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(Re	equestor's Name)	-
(Ad	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of	n Section Corporations
	ANDER PHYSICAL THEARPY LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Kim Welsh
	Name of Person
	Alexander Physical Therapy LLC
	Firm/Company
	PO Box 1269
	Address
	Solomon, MD 20688
	City/State and Zip Code
	k.spencer7@yahoo.com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Kim Welsh	410 394-1000 at ()
Na	mc of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
■ \$25.00 Filing Fe	e \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

ALEXANDER PHYSICAL THEARPY		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our record orida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number L16000034446		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
ALEXANDER PHYSICAL THERAPY LLC		
The new name must be distinguishable and contain the words	Limited Liability Company." the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re		ls, enter the name of the ne
registered agent and/or the new registered office a	address here:	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
_		lorida Zip Code
	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

Page 1 of 3

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

or remov	<u>ed from our rec</u>	cords:			
	Manager - Authorized M	ember			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
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Filing Fee: \$25.00