L16000057004

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Execument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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03/01/21--01015--020 **25.00



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divi	sion of Cor	porations		c.
		ical Therapy and Sports Rehab	, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Vania Bredy		
			Name of Person	
			Firm/Company	
		10590 Independence Point	e Parkway, Suite 201	
			Address	
		Matthews, NC 28105		
		vbredy@bredyphysicalthera	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ea	nll:	
Vania Bredy			786 269-8070 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	iling Fee	S30.00 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)
Reg	ling Addres istration S ision of C		<u>Street Address:</u> Registration Sc Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
Articles of Organization for this Limited Liability Company	y were filed on 02/25/2021	and assigned
ida document number L16000057004		
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited lial	bility company here:	
ly Physical Therapy, LLC		
new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
er new principal offices address, if applicable:		
• •		
ncipal office address MUST BE A STREET ADDRESS)		
er new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered office	address on our records, enter	the name of the new regist
nt and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
Nume of New Registered rigent.		
New Registered Office Address:	Enter Florida street addres.	
	Enter Florida street addres.	<i>S</i>
		
		o rida Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

Effective date, if other than the date of filing: ((Tran effective date is listed, the date must be specific and cannot be private date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 oral is filed. Dated February 25 2021 Signature of a member or authorized representative of a member Vania Breedy	ii amenung a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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		This But
Vania Bredy		Signature of a member or authorized representative of a member
	Van	a Bredy

Filing Fee: \$25.00