

L16000151562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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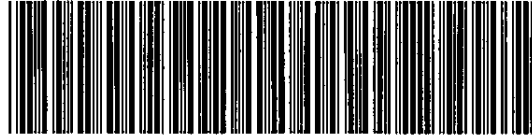
(Business Entity Name)

(Document Number)

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2016 SEP - 1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 05 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Performance Physical Therapy & Wellness, LLC
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:

Nicole Zebrowski

Name of Person

Performance Physical Therapy & Wellness, LLC

Firm/Company

406 S Dixie Ave

Address

Fruitland Park, FL 34731

City/State and Zip Code

nzebrowski@cfl.rr.com

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

For further information concerning this matter, please call:

Duane B Bishoff CPA

Name of Person

813
at ()

Area Code

356-0400

Daytime Telephone Number

Enclosed is a check for the 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 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

2016 SEP -1 P 2
RECEIVED
REGISTRATION SECTION
FEB 1 2016

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

Performance Physical Therapy & Wellness, 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 8/12/2016 and assigned
Florida document number L16000151562.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Performance Physical Therapy & Wellness, LLC

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)

406 S Dixie Ave

Fruitland Park, FL 34731

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

406 S Dixie Ave

Fruitland Park, FL 34731

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:

DANIEL C. ZEBROWSKI

New Registered Office Address:

406 S Dixie Ave

Enter Florida street address

Fruitland Park

City

Florida 34731

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>
AMBR	Zebrowski, Nicole	406 S Dixie Ave	<input type="checkbox"/> Add
		Fruitland Park, FL 34731	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 SEP - 14 PM 2:50
TALLAHASSEE, FL 32304

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2018 SEP -1 P 2:50
CLERK OF DISTRICT COURT
ALLAH, SE. FLORIDA

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.

Dated August 22, 2016


Signature of a member or authorized representative

Typed or printed name of signee