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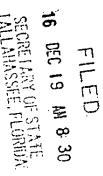
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Office Use Only



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D. SCOTT DEC 2.2 2016

COVER LETTER

TO:	Registration Se Division of Cor			रक्ष	
SUBJE	ECT:	ABLE AL	VSICAL THERAPY ited Liability Company	1, LIC	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	·	Ju	lia Avidane		
		Abl	Name of Person 1 Physical Theray	ay, LLC	
		1365	NW 22rd Ave		
		Delray	Beach, Fr 33	145	
		* · · · · /	City/State and Zip Code		755 6
For fur	ther information c	E-mail address: (to be used for future annual report noti	fication)	1987年
	Julia	Aridane	at (541) 7064	688	SSET S
·		f Person	Area Code Daytim	e Telephone Number	8: 30
Enclose	ed is a check for the	he following amount:			
Z \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

Ablo	Physical Therapy, LLC
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed onand assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
	AT S
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
	SSEC P
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 53
·_	
	Cin. Zin 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

Title	Name	Address	Type of Action
MGR	Albert Avidae &	1225 S Ocean Blvd	🗆 Add
	'AVIDANE'	1225 S Ocean Blvd Delray Beach, Fr 3348	3 Remove
	Λ.	- marking	Change
MGR	JULIA AVIDANE	1365 NW 22nd Ave Delray Beach, Fi 3344	bAdd
		Delray Beach, Fi 3344	S Remove
			□ Change
	·		
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Filing Fee: \$25.00