

L16000298820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

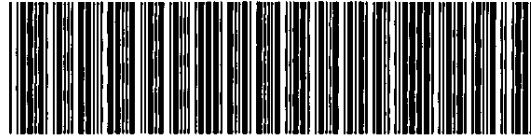
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/17--01020--003 **30.00

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17 APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
APR 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2017

ERIC SCHWARTZ
4141 MERMELL CIRCLE
NORTH PORT, FL 34291

SUBJECT: ERIC SCHWARTZ HOLDNGS LLC
Ref. Number: L16000228820

We have received your document for ERIC SCHWARTZ HOLDNGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00006901

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eric Schwartz Holdings 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:

Eric Schwartz
Name of Person
Pinnacle Physical Therapy
Firm/Company
4141 Mermell Circle
Address
North Port, FL 34291
City/State and Zip Code
eric schwartz278@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Eric Schwartz at (941) 587-9401
Name of Person Area Code 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)

* Previously sent with wrong form

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

SW

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

Eric Schwartz Holdings 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 12/19/16 and assigned Florida document number 300292920983.

This amendment is submitted to amend the following:

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

Schwartz Gielow Physical Therapy 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:

Same as previous

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as previous

(Mailing address MAY BE A POST OFFICE BOX)

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:

Same

New Registered Office Address:

Enter Florida street address

Florida

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

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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	Clifford Gielow	640 Gillespie St	<input checked="" type="checkbox"/> Add
		Englewood FL 34223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information, with a handwritten checkmark on the first line.

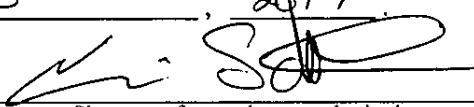
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If 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 record is filed.

Dated April 13th, 2017


Signature of a member or authorized representative of a member

Eric Schwartz

Typed or printed name of signee

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