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SECRETARY OF STATE
TALLAHASSEE E

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JAN 1 6 2020

COVER LETTER

Division of Corporations
SUBJECT: Physical Therapy and Beyond, LUC. 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:
Lei Lane-Steinberg Name of Person
Physical Therapy and Beyord, LUC.
1621 NE 5th Ct., Apt A.
Fort Lauderdale IFL. 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lei Lane - Stein berg at (954) 993 - 2385 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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

TO:

Registration Section

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Physical Therapy and (Name of the Limited Liability Compa (A Florida Limited I	Bexond, LLC ny as it now appears on our records.)			
(A Florida Limited I	Tability Company)			
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2019}{A0}$ and assigned			
Florida document number <u>L 17 000 029 732</u> .	, ,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
	<u> </u>			
CPHYSICAL Therapy and the new name must be distinguishable and contain the words "Limited Liabile"	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable: N/H				
Principal office address MUST BE A STREET ADDRESS)	SE: 1			
	2019 DEC SECRETALLA			
	>			
Enter new mailing address, if applicable: N/A				
Mailing address MAY BE A POST OFFICE BOX)				
	FI 3			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>			
Name of New Registered Agent:	 			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	City Zip Code ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

NA

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and	address of each person being added
MGR = M AMBR = A			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	sted, the date must be specific	c and cannot be prior	to date of filing or mo	re than 90 days afte	onal) r filing.) Pursua	ant to 605.020
an effective date is lis	بالمحاجل والمحاط وتحلم كالمحاجب			requirements, th	is date will no	nt be listed a
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an effective date is lis ote: If the date ins	e date on the Department	of State's records.				
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