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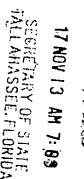
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## **COVER LETTER**

TO:	Registration S Division of Co		••							
SUD IE	Motion E	Motion Experts Physical Therapy LLC								
SUBJEC	J1,	Name of Limited Liability Company								
The encl	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.							
Please re	eturn all corresp	ondence concerning this matter	to the following:							
		Lucia Mesias								
			Name of Person							
		Motion Experts Physical T	herapy LLC							
		_	Firm/Company							
		9405 NW 2nd avenue								
			Address							
		Miami Shores, FL 33150								
			City/State and Zip Code							
		lmesiast@hotmail.com								
		E-mail address: (	to be used for future annual report notif	ication)						
For furth	er information	concerning this matter, please ca	all:							
Lucia M	lesias		305 5626443							
	Name	of Person	Area Code Daytime	e Telephone Number						
Enclosed	d 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motion Experts Physical Therapy 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 August 16, 2017 8:00 AM and assigned Florida document number \_L17000175442 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> .	<u>Name</u>	Address	Type of Action
AMBR	Lucia Mesias	9405 NW 2nd Avenue.	Add
		Miami Shores, FL 33150	☐ Remove
			☐ Change
AR	Lucia L Mesias	9405 NW 2nd ave	□ Add
		Miami Shores , FL 33150	■ Remove
			Change
	<del></del>		Add
			□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00