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	Registration Se Division of Cor							
SUBJEC		ST PT-DR, LLC						
SUBJEC	, I ;	Name of Lim	nited Liability Company	 -				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		RONALD YACOUB						
			Name of Person					
		PINECREST PHYSICAL	THERAPY, LLC					
			Firm/Company	· .				
	9619 SOUTH DIXIE HIGHWAY							
		PINECREST, FL 33156						
	City/State and Zip Code							
		ronyacoub@gmail.com						
		E-mail address: (to be used for future annual report notifi	cation)				
For furthe	er information co	oncerning this matter, please co	all:					
RONAL	D YACOUB		305 722-0568					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed	is a check for th	e following amount:						
\$25.0	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

PINECREST PT-DR, LLC						
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia Florida document number L17000187259	bility Company	were filed on SE	PTEMBER 1, 2017	an	d assi _i	gned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	re:			
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the de	esignation "LLC" or the ab	bbreviatio	n "L.L	.C."
Enter new principal offices address, if applicable:		N/A			₹ 5	
Principal office address MUST BE A STREET	N/A		<u>.f.</u>	Zêi:		
		N/A		÷ ·	00	· :
				•	<u> </u>	- ** '
Inter new mailing address, if applicable:	N/A					
Mailing address MAY BE A POST OFFICE B	OX)	N/A	•		="K	
		N/A		-1	CZ*	
B. If amending the registered agent and/o egistered agent and/or the new registered offi			our records, enter	the na	ime o	f the ne
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Flor	ida street address			
	N/A		Florida			
		City		Zip (:ode	

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

Name Pinecrest Physical Therapy Holdings, LLC **Title** <u>Address</u> **Type of Action** MGR 9619 SOUTH DIXIE HIGHWAY **■** Add PINECREST, FL 33156 ☐ Remove _□ Change MGR Ronald Yacoub ☐ Add Remove □ Add □ Remove ☐ Change □ Add ☐ Remove __ 🗆 Change □ Add ☐ Ghange.-□Ādd ☐ Rēmove ☐ Change

	
ective :	late, if other than the date of filing: 10 20 17 (optional) e 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 60
effectiv	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
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Filing Fee: \$25.00