

L18 0000 44799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

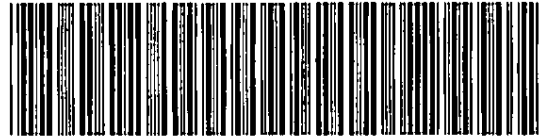
(Business Entity Name)

(Document Number)

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D. BRUCE
JUL 19 2021

B&B HOLDING ENTERPRISES, INC.

760 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

June 22, 2021

Florida Division of
Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Physical Therapy Now of
South Florida, LLC. Amendment
to Articles of Organization.
Document No. L18000044799

Dear Division of Corporations:

Attached please find a form with **only the information necessary to amend** the existing Articles of Organization of Physical Therapy Now of South Florida, LLC. Also included is our check in the amount of \$55 made payable to the Florida Department of State for the filing fee and certified copy.

Sincerely,



Anselmo L. Affiegro, MS, CFE
Chief Compliance Officer
B & B Holding Enterprises, Inc.
760 Ponce de Leon Blvd.
Coral Gables, FL 33134
Telephone: (305) 775-6181

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Physical Therapy Now of South Florida, 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:

Wilfred Braceras

Name of Person

B & B Holding Enterprises, Inc.

Firm/Company

760 Ponce de Leon Blvd.

Address

Coral Gables, Florida 33134

City/State and Zip Code

wilfred.braceras@fhcsn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anselmo L. Alliegro

305 775-6181

at (_____) _____

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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FBI

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

Physical Therapy Now of South Florida, 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 02/19/2018 and assigned
Florida document number L18000044799.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

760 Ponce de Leon Blvd.

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

760 Ponce de Leon Blvd.

Coral Gables, FL 33134

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:

760 Ponce de Leon Blvd.

Enter Florida street address

Coral Gables

City

Florida

Zip Code

33134

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wilfred Braceras	760 Ponce de Leon Blvd.	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angel Muina	760 Ponce de Leon Blvd.	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 JUN 25 AM: 7:18

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(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)

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 June 21, 2021

D. J. Draceras
Signature of a

Signature of a member or authorized representative of a member

Wilfred Braceras

Typed or printed name of signee

Filing Fee: \$25.00