6/18/2020

Division of Corporations



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Registration Section

COVER LETTER

Division of Corporations						
Motion PT Group Florida, LLC						
SUBJECT.	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Artic	cles of Amend	ment and fee(s) are sub-	mitted for filing.			
Please return all co	orrespondence	concerning this matter	to the following:			
	Ra	idha Bachman				
			Name of Person			
	Fi	isherBroyles LLP				
			Firm/Company			
	4.	380 W. Kennedy B	lvd, Ste. 600			
		 	Address			
		ampa, FL 33609	······································	······································		
			City/State and Zip Code	•		
	<u> </u>	014jox@nie.com	to be used for future annual report noti	- Continu		
				meanon)		
For further inform	ation concerni	ng this matter, please co	ıli:			
Radha Bachn	າລາເ		at (813) 200-611-	4		
	Name of Person		Area Code Daytim	ie Telephone Number		
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Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION [...] | 8 | REFITE 0.1 OF

Motion PT Group				
(Name of the Limited	Liability Company A Florida Limited Lia	y as it now appears o ability Company)	n our records.)	
The Articles of Organization for this Limited Lia	bility Company w	vere filed on <u>04.2</u>	6.2018	and assigned
Florida document numberL18000106013				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ity company here		
Next PT Group Florida, LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the desig	mation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
Principal office address MUST BE A STREET				·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1379 Players Club Circle		
		Gulf Breeze, Fl. 32563		
				
B. If amending the registered agent and/or re- agent and/or the new registered office address		idress on our reco	ords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	Kevin Krueger			
New Registered Office Address:	1379 Players	s Club Circle		
	<u></u>	Enter Florida	strect address	
	Gulf Breeze		, Florida	32562
		City·	,	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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

______ Change

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

	Manager Authorized Member	2020 JULI 18 71111: 01	
<u>Title</u>	Name	Address	Type of Action
AR	Motion PT Management, Inc	160 E. 56th Street	□ Add
		New York, NY 10022	⊠Remove
AR	NEXT Therapy Solutions LLC	1379 Players Club Circle	[XAdd
		Gulf Breeze, FL 32563	□Remove
			Change
			DAdd
			🗆 Add
			Remove
			Change
			□Add
			\ Remove
			Change
			□Remove