L18000125807

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		rapy and Balance Center, LLC		
SUBJECT.	-			
The encloser	f Articles of	Amendment and fee(s) are sub-	mitted for filing	
			-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Aaron Thalwitzer, Esq.		
			Name of Person	
		Gordon & Thalwitzer, Atte	orneys at Law	
			Firm/Company	
		257 N. Orlando Ave.		
			Address	
		Cocoa Beach, FL 32931		
			City/State and Zip Code	
		aaron@brevardlegal.com		
		E-mail address: (t	o be used for future annual report n	otification)
For further in	iformation co	oncerning this matter, please ca	III:	
Aaron Thalv	vitzer		321 799-4777	(ask for Aaron)
	Name of	Person		ime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	ïling 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:

TO:

Registration Section

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

Fyzical Therapy and Balance Center, 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 $\frac{5/18/18}{12}$ and assigned Florida document number L18000125807 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FYZ-Pinson, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." 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, enters 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

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>	Address	Type of Action
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Effective date	e, if other than th	date of filin	g;			(optional)		
f an effective da Note: If the d	e, if other than the te is listed, the date mu ate inserted in this b	st be specific and	d cannot be prior	to date of filing	or more than 90 da	ys after filing.) F	ursuant to 605.	0207
	fective date on the I				ining requiremen	its, tius date w	ii not de tiste	u as
	pecifies a delaye day after the rec			t an effecti	ve time, at 12	2:01 a.m. or	the earlie	er of
August	15		2018					
		A-A		_				
		1 -			tive of a member			

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Typed or printed name of signee

Filing Fee: \$25.00