

48000175123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

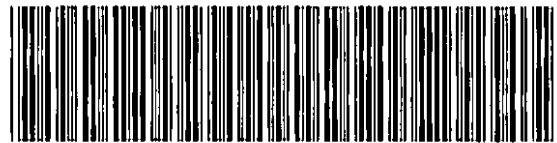
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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D. CRUCE
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDHEART PHYSICAL THERAPY 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:

Nick Wilmot

Name of Person

Debbie's Accounting Service, Inc

Firm/Company

3575 Southside Blvd

Address

Jacksonville, FL 32216

City/State and Zip Code

nick@debbiesaccountingservice.com

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

For further information concerning this matter, please call:

Nick Wilmot

904

733-4547

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 SEP 10 PM 2:55
TALLAHASSEE FL 32301
DIVISION OF CORPORATIONS
REGISTRATION SECTION

FILED

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

GOLDHEART 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 07/20/2018 and assigned
Florida document number L18000175123.

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)

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:

Shuaib Akbari

New Registered Office Address:

2624 Atlantic Blvd Unit 4

Enter Florida street address

Jacksonville

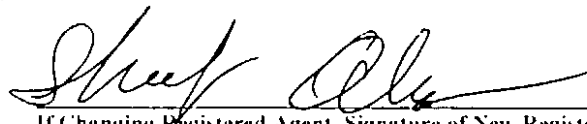
City

Florida 32207

Zip Code

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>
MGRM	AKBARI, TARINA	2624 ATLANTIC BLVD UNIT 4	<input type="checkbox"/> Add
		JACKSONVILE, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	AKBARI, SHUAIB	2624 ATLANTIC BLVD UNIT 4	<input checked="" type="checkbox"/> Add
		JACKSONVILE, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2011 SEP 10 PM 2:54
TALLAHASSEE FL 32309
CLERK OF SUPERIOR COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2010 SEP 10 PM 2: 55
STATIONARY TOWER
TALLAHASSEE FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 29, 2018

Signature of a member or authorized representative of a member

SHUAIB AKBARI

Typed or printed name of signee