

U9000108755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

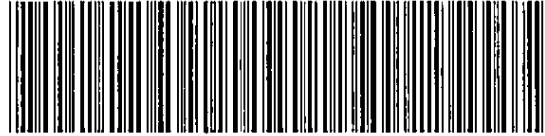
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/10/19--01905--001 \*\*25.00

OCT 10 2019  
S. YOUNG

FILED  
2019 OCT 10 AM 8:25  
19 OCT 10  
S. YOUNG  
FILING OFFICE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Porter Mobile Physical Therapy, Fitness and Golf Rehab, 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:

Joni Robertson  
Name of Person

3612 Christa Ct.

Address

Ormond Beach, FL 32174  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joni Robertson  
Name of Person

at ( 901 )  
Area Code

581-4539  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Porter Mobile Physical Therapy, Fitness 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 04/22/2019 and assigned  
Florida document number L19000108755.

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)

FILED  
2019 OCT 10 AM 8:25  
CLERK OF CIRCUIT COURT  
IN AND FOR  
THE COUNTY OF  
DADE, FLORIDA

**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:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>                      |
|--------------|-------------------------|------------------|--|
| AR           | M.<br>William Robertson | 3612 Christa Ct. | <input type="checkbox"/> Add               |
|              |                         | Ormond Beach, FL | <input checked="" type="checkbox"/> Remove |
|              |                         | 32174 UN         | <input type="checkbox"/> Change            |
|              |                         |                  | <input type="checkbox"/> Add               |
|              |                         |                  | <input type="checkbox"/> Remove            |
|              |                         |                  | <input type="checkbox"/> Change            |
|              |                         |                  | <input type="checkbox"/> Add               |
|              |                         |                  | <input type="checkbox"/> Remove            |
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|              |                         |                  | <input type="checkbox"/> Add               |
|              |                         |                  | <input type="checkbox"/> Remove            |
|              |                         |                  | <input type="checkbox"/> Change            |
|              |                         |                  | <input type="checkbox"/> Add               |
|              |                         |                  | <input type="checkbox"/> Remove            |
|              |                         |                  | <input type="checkbox"/> Change            |
|              |                         |                  | <input type="checkbox"/> Add               |
|              |                         |                  | <input type="checkbox"/> Remove            |
|              |                         |                  | <input type="checkbox"/> Change            |

[illegible]

(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.

10/10/2019

2019  
John Robertson  
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Joni Robertson  
Typed or printed name of signer

Typed or printed name of signee