L19000148911

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2020

MARIO VALDES NONSTOP PERFORMANCE RECOVERY LAB, LLC 10131 KENDALE BLVD MIAMI, FL 33176

SUBJECT: NONSTOP PERFORMANCE RECOVERY LAB, LLC

Ref. Number: L19000148911

We have received your document for NONSTOP PERFORMANCE RECOVERY LAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00018544

Shelia S Young Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Div | ision of Cor | porations | | |
|---------------------------------------|-----------------------------------|---|---|--|
| | Nonstop Pe | rformance Recovery Lab, LLC | | |
| SUBJECT: | Name of Limited Liability Company | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | ali correspo | endence concerning this matter | to the following: | |
| | | Mario Valdes | | |
| | | | Name of Person | *** |
| Nonstop Performance Recovery Lab, LLC | | | | |
| Firm/Company | | | | |
| | | 10131 Kendale Blvd | | |
| | | | Address | ip Code e annual report notification) 4235755 ode Daytime Telephone Number Ing Fee & S60.00 Filing Fee, Certificate of Status & Copy |
| | | Miami, FL 33176 | | |
| | | | City/State and Zip Code | ······································ |
| | | mario@nonstoprecoverylab | | |
| | | | | ification) |
| For further in | nformation c | oncerning this matter, please ca | all: | |
| Mario Valde | es | | at f | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ■ \$25.00 I | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | iling Addres | | Street Address: | |
| | gistration.S | orporations | Registration Se Division of Co | |
| | D. Box 632 | | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nonstop Performance Recovery Lab, 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 ______ and assigned Florida document number L19000148911 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nonstop Physiotherapy and Recovery, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4280 SW 73 Avenue Enter new principal offices address, if applicable: Miami, FL 33155 (Principal office address MUST BE A STREET ADDRESS) Inside Victory Proformance 10131 Kendale Blvd Enter new mailing address, if applicable: Miami, FL 33176 (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: New Registered Office Address: Enter Florida street address , Florida

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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| iame | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| recor | rd 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 led. |
| ated | W. Q. W. |
| | Signature of a member or authorized representative of a member |
| | Mario Armando Valdes Typed or printed name of signee |

Filing Fee: \$25.00