

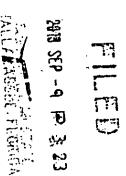
(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	<del></del>





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# **COVER LETTER**

TO:		ation Secti n of Corpo			
SUBJE	CT:	Abso	dute Wellness	AUD Physical	- Therapy, LLC
The end	closed Art	icles of An	nendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all d	correspond	ence concerning this matter	r to the following:	
,			Wa ndo	A Pohno Name of Person	
			0 .	Name of Person	1
			_ Ubsolute	Wellness 7 Phy	sical Therapy LLC
				rinivCompany	
			4651 Sal	isbury Ad S	ente 400
				Address	
			Jacksoni	ille FL 3,729	5 k
			absoluteur	City/State and Zip Code Sellness pt @ gmail.	com
		_	E-mail address: (	to be used for future annual report not	ification)
For furth	ner inform	ation conc	erning this matter, please c	all:	
$\overline{\mathcal{M}}$	anda	X X	Soland	at ( <u>113</u> ) <u>573-</u> Area Code Daytin	3265
		rvanie or r c	3011	Area Code Daytin	ne Telephone Number
Enclosed	l is a chec	k for the fo	ollowing amount:		
<b>2 \$</b> 25.0	00 Filing	Fee [	330.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Absolute Wellness	AND Physical Therapy 1 53: 23
(Name of the Limited Liahi (A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Talling The Control of the Control o
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	SICAL THERAPY LLC
the new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4651 Salisbury 1,000d  Suite 400  Toucksonville FL 32256
(Principal office address MUST BE A STREET ADD	RESS) Sente 400
	Jacksonville FL 32256
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4651 Salisbury Load Suite 400  Jacksonville FL 32256
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Chronville  City  Florida  Florida  Florida  Florida  Florida
Jo	ochsonville Florida 30256.
	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>	Address	Type of Action
			Remove
			Change
	<del></del>	<del></del>	Add
			☐ Remove
			Change
			Change
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Note:	ve date, if other than the date of filing:  (optional)  ective 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Septembel le 2019
	Whole,
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00