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COVER LETTER

TO:	Registration Se Division of Cor			
CHDICA			ts Medicine Rockledge/Viera LLC	
SUBJEC	C1;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Matthew W. Bremer		
			Name of Person	
		Fyzical Therapy & Balanc	e Center - Sports Medicine Rockledge/Vie	ra LLC
			Firm/Company	
		634 Barnes Blvd., Suite 20)2	
			Address	
		Rockledge, FL 32955		
			City/State and Zip Code	
		matt.bremer@fyzical.com E-mail address: (to be used for future annual report notification)	<u></u>
For furth	ner information c	oncerning this matter, please c	•	
Matthew	W. Bremer		321 266-1032	
	Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed	l is a check for th	ne 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 Addres Registration S		Street Address: Registration Section	
	Division of C	orporations	Division of Corporation	ons

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 07/31/2019	and assigned
Florida document number L19000195416	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	2023 5
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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, <u>enter the agent and/or the new registered office address here</u> :	e name of the new reg
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
	_
, Flori	daZip 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 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>	Type of Action
MGR	Kimberly A. Gallagher	6486 Апоуо Drive	
		Melbourne, Fl 32940	Remove
			□Change
AMBR	Heather L. Stites	634 Barnes Blvd Suite 202	≡ Add
		Rockledge, FL 32955	□Remove
			□Change
AMBR	Matthew W. Bremer	634 Barnes Blvd., Suite 202	□Add
		Rockledge, FL 32955	□Remove
		· 	□Remove
			□ Add
			Remove
			□Change
			□Add
			□Remove
			∏(Change

ADD Heather L. Stites AMBR/ Authorized Member. Owener of LLO	C
CORRECT Matthew W. Bremer address from 1021 Cascade Circle	#103, Rockledge F1 32955 to
634 Barnes Blvd., Suite 202, Rockledge FL 32955	
	
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of fil If the date inserted in this block does not meet the applicable statute them is effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 60: ory filing requirements, this date will not be list
d specifies a delayed effective date, but not an effective time, at 12:0 led.	II a.m. on the earlier of: (b) The 90th day afte
8/30 .2023.	

Filing Fee: \$25.00