

L19000195416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

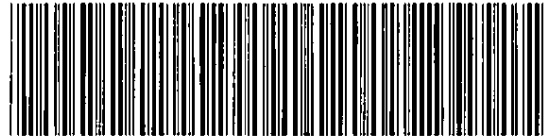
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200414826452

09/06/23--01009--013 **25.00

2023-09-06 PM 7:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fyzical Therapy & Balance Center - Sports Medicine Rockledge/Viera 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:

Matthew W. Bremer

Name of Person

Fyzical Therapy & Balance Center - Sports Medicine Rockledge/Viera LLC

Firm/Company

634 Barnes Blvd., Suite 202

Address

Rockledge, FL 32955

City/State and Zip Code

matt.bremer@fyzical.com

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

For further information concerning this matter, please call:

Matthew W. Bremer

321 266-1032
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	Kimberly A. Gallagher	6486 Arroyo Drive	<input type="checkbox"/> Add
		Melbourne, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Heather L. Stites	634 Barnes Blvd., Suite 202	<input checked="" type="checkbox"/> Add
		Rockledge, FL 32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew W. Bremer	634 Barnes Blvd., Suite 202	<input type="checkbox"/> Add
		Rockledge, FL 32955	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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

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

REMOVE COMPLETELY Kimberly A Gallagher

ADD Heather L. Stites AMBR/ Authorized Member. Owner of LLC

CORRECT Matthew W. Bremer address from 1021 Cascade Circle #103, Rockledge FL 32955 to

634 Barnes Blvd., Suite 202, Rockledge FL 32955

2023
-6
P. 0:19


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 8/30, 2023



Signature of a member or authorized representative of a member

Matthew W. Bremer

Typed or printed name of signee