

L19000200313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

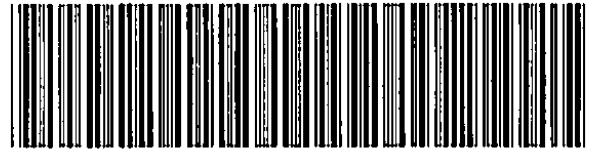
(Document Number)

Certified Copies _____ Certificates of Status _____

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21 AUG 31 PM 3:26



RECEIVED

FLORIDA DEPARTMENT OF STATE 2021 JUL 19 AM 8:15
Division of Corporations

June 17, 2021

KRISTINE SCOTTO
1115 EAST SUNRISE BLVD
FT. LAUDERDALE, FL 33304

SUBJECT: ARIES PT, LLC
Ref. Number: L19000200313

We have received your document for ARIES PT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Tekayla T Matthews
OPS

Letter Number: 821A00013594

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

ALL DATED

SUBJECT: Aries PT, LLC

2021 MAY 10 PM 3:50

Name of Limited Liability Company

RECEIVED
MAY 10 2021
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristine Scotto

Name of Person

Aries PT LLC

Firm/Company

1115 East Sunrise Blvd

Address

Ft. Lauderdale, FL 33304

City/State and Zip Code

operations@ariesphysicaltherapy.com

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

For further information concerning this matter, please call:

Josh Meyer

877

598-0060 ext 700

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

21 AUG 31 PM 3: 26

(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 August 1, 2019 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1115 East Sunrise Blvd

Ft. Lauderdale, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1115 East Sunrise Blvd

Ft. Lauderdale, FL 33304

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:

William Kelley

New Registered Office Address:

1115 East Sunrise Blvd

Enter Florida street address

Ft. Lauderdale

Florida 33304

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.

WK
William Kelley, March 20, 2019

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

21 AUG 31 PM 3:26

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/AM	Joshua Meyer	215 North New River Dr. East, #4080	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Matthew Bolduc	5 Elysian Way	<input type="checkbox"/> Add
		Scarborough, ME 04074	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	William Kelley	470 NE 5th Avenue, Apt 3104	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<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
			<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.)

21 AUG 31 PM 3: 26

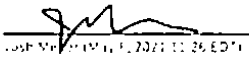
E. Effective date, if other than the date of filing: 05/06/2021 (optional)

(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)(

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.

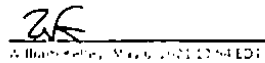
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/06/2021


Josh Meyer, May 6, 2021 11:26 EDT

Signature of a member or authorized representative of a member

Joshua Meyer


William Kelley, May 6, 2021 12:04 EDT

William Kelley

Typed or printed name of signer

Filing Fee: \$25.00