

L19000266390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

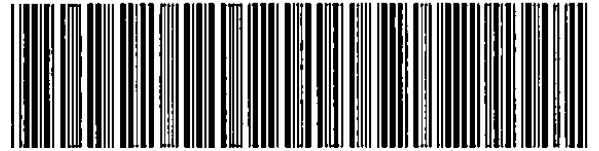
(Business Entity Name)

(Document Number)

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JUN 22 2020

2020 JUN 22 AM 7:08

AUG 06 2020

S. YOUNG

TO:

Amendment Section
 Registration Section
 Division of Corporations

SUBJECT:

Medical Supply Outlet 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:

Lisa Gross-Farber

Name of Person

Fit At Home Physical Therapy LLC

Firm/Company

10406 NW 5th Court

Address

Plantation, FL 33324

City/State and Zip Code

lgross6979@aol.com

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

For further information concerning this matter, please call:

Lisa Gross-Farber

Name of Person

at (954)

Area Code

226-9665

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: Amendment Section
 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

Medical Supply Outlet, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 JUN 22 AM 7:03

The Articles of Organization for this Limited Liability Company were filed on October 23rd, 2019 and assigned Florida document number L19000266390

This amendment is submitted to amend the following:

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

Fit At Home Physical Therapy, LLC

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)

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lisa Gross-Farber

New Registered Office Address:

10406 NW 5th Court Plantation

Enter Florida street address

Plantation

City

Florida

33324

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.

Lisa Gross-Farber

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Lise Gross-Farber
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Lisa Gross - Farber
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00