## 119000296894

(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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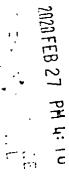
Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations			
eun ip <i>o</i> w	We Care 4	You, LLC	•		
SUBJECT:		Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Tony Dominguez			
			Name of Person		
		GO-PT			
			Firm/Company		
		1311 SE 4th Ave			
			Address		
		Pompano Beach FL 33060			
		·	City/State and Zip Code		
		tony@go-pt.org	to be used for future annual report r	atification)	
For further is	nformation c	oncerning this matter, please c		otheaton	
Tony Domin	nguez		561 271-2530 at ( )		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00 l	Filing Fee	S30.00 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)	
	iling Addres		Street Address: Registration		
	vision of C D. Box 632	Corporations	Division of C The Centre o	-	
	J. Box 032 Ilahassee, I			roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We Care 4 You, LLC				
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited L Florida document number L19000296894	Liability Company	were filed on 12/4/2019	and as	ssigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
GO-PT In Home Therapy, LLC.				
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if appli	cable:	900 E Indiantown Road	I, Suite 100	
(Principal office address MUST BE A STRE	ET ADDRESS)	Jupiter FL 33477		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>		OFEB 27 PM 4: 10	
B. If amending the registered agent and/or agent and/or the new registered office addre	C)	ddress on our records	, enter the name of the ne	w register
Name of New Registered Agent:	Tony Domingue	ez	······	<del></del>
New Registered Office Address:	1311 SE 4th Av	e Enter Florida stre	et address	
	Domana Darah			
	Pompano Beach	City:	, Florida 33060 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
MGR	Tony Dominguez	1311 SE 4th Ave	≣Add
		Pompano Beach FL 33060	□Remove
			Change
MGR	Andrew Palacios	54 Mulberry Grove Road	
		Royal Palm Beach FL 33410	■ Remove
			☐ Change
	-		
			□Remove
		1.00	□Change
			□Add
			□Remove
			□Change
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			Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change

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	Tony Dominguez		Signature of a member or author	rized representative of a member	

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