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DEPARTMENT OF STATE  
VISION OF CORPORATION  
TALLAHASSEE, FLORIDA

**FILED**

2020 FEB 18 AM 7:21

MAR 11 2020  
**S. YOUNG**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: On Pointe Physical Therapy, 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:

Donna Longo, MSPT  
Name of Person

Name of Person

# On Pointe Physical Therapy, LLC

6718 Canary Palm Cr.  
Address

### Address

Boca Raton Fl 33433

City State and Zip Code

on pointe physical therapy@yahoo.com  
E-mail address: (to be used for future annual report notification)

Email address to be used for future annual report notifications

For further information concerning this matter, please call:

Donna Long, MSPT at 561, 392-5092  
Name of Person Area Code Drama Telephony No.

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

On Point Physical Therapy, LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 FEB 18 AM 1:24

FILED

AMENDMENT OF STATE  
CORPORATION  
REGISTRATION  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 1/22/2020 and assigned Florida document number L19000306669

This amendment is submitted to amend the following:

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

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)

6718 Canary Palm Circle  
Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

- Same -

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

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>
AR	Donna Longo, MSPT	6718 Canary Palm Cir Boca Raton FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AR	Deana Hicks, PTA	299 NW 9th St. Boca Raton FL 33432	<input type="checkbox"/> Add <input checked="" 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.)**

**E. Effective date, if other than the date of filing:** 1/22/2020 (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 1/22/2020.

Donakong, MSpR  
Signature of a member or authorized representative of a member

1/22/2020

Typed or printed name of signee

Filing Fee: \$25.00