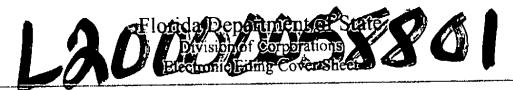
6/4/2020

Division of Corporations



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From:

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: (323)962-3889 Fax Number

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COVER LETTER

| TO: | | stration Sec ion of Corp | | | | |
|---|--------------|-----------------------------|---|---|---|---|
| OF *** *** | £1/77 | STARK PEF | RFORMANCE PHYSICAL TH | ERAPY LLC | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enc | losed | Articles of A | Amendment and fee(s) are submi | tted for filing. | | |
| Please r | etuin | all correspor | idence concerning this matter to | the following: | | |
| | | | Cheyenne Moseley | | | |
| | | | | Name of Person | | |
| | | | Legalzoom.com, Inc. | | | |
| | Firm Company | | | | | |
| | | | 101 N Brand Blvd 11th Fl | | | |
| | Address | | | | | |
| Glendale, CA 91203 | | | | | | |
| | | | | City/State and Zip C | ode | |
| | | | starkperformancept@gmail.c | | | |
| | | | E-mail address: (to | be used for future and | nual report netific | ation) |
| For fur | ther it | itormation c | oncerning this matter, please cal | 1: | | |
| Cheye | ane M | loseley | | 800 at (| 773-0888) | |
| | | Name o | f Person | Area Code | Daytime ' | Felephone Number |
| linalae | and re- | . obook far tl | ne following amount: | | | |
| | | | □ \$30 00 Filing Fee & Certificate of Status | ■ \$55,00 Filing I Certified Cop (additional copy | γ | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy hadditional copy is enclosed) |
| | | Regist Divisio P.O. B | ANG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314 | Reg Divi Clif | REET/COURIE istration Section iston of Corpota ton Building I Executive Cen | i Hions |

Tallahassee, FL 32301

To: Page 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN -4 PHI2: 05

| STARK PERFORMANCE PHYSICAL THERAPY L | LC | | |
|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Linuted L | ny as it now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 02/21/2020 and assigned | | |
| Florida document number 1.20000058801 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| | Community of the decision of LCC or the abbreviation of LCC | | |
| The new name must be distinguishable and contain the words "Limited Liabii | bility Company," the designation "LLC" or the abbreviation "L L.C." | | |
| Enter new principal offices address, if applicable: | 707 E Cervantes Street, Suite B #216 Pensacola, Florida 32501 | | |
| (Principal office address MUST BE A STREET ADDRESS) | r Cisacola, i Tortua 32391 | | |
| | | | |
| n | 707 E Cervantes Street, Suite B #216 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Pensacola, Florida 32501 | | |
| Graning maress 318 CBE AT VALCOTTINE 18219 | | | |
| | | | |
| B. If amending the registered agent and/or registered o | ffice address on our records, enter the name of the m | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, enter the name of the n- e: | | |
| registered agent and/or the new registered office address her | ffice address on our records, enter the name of the n | | |
| Name of New Registered Agent: | ffice address on our records, enter the name of the n | | |
| registered agent and/or the new registered office address her | ffice address on our records, enter the name of the need to the ne | | |
| Name of New Registered Agent: | Enter Florida street address Florida | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address, Florida City Zip Code | | |
| Name of New Registered Agent: | Enter Florida street address | | |

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= M AMBR= A | anager uthorized Member | 2020 JUH - I, PH 12: 05 | | |
|-------------------|----------------------------|---|----------------|--|
| <u> Fitle</u> | Name | Address | Type of Action | |
| AMBR | STARK, PAUL H | 707 E Cervantes Street, Suite B #216 | | |
| | | Pensacola, Florida 32501 | □ Remove | |
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| om:Monteray Spine and Joint | 631 264 6077 | 2020 JUN -4 | PH 12: 05 |
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| D. If amending any other information, e | nter change(s) here: (Attoch | | |
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| E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: It the date inserted in this block de document's effective date on the Department. | ecific and cannot be prior to date or n ses not meet the applicable statut | (optional) iling or more than 90 days after filing, ory filing requirements, this date | 1 Pursuant to 605,0207 (3)(b) |
| If the record specifies a delayed effer (b). The 90th day after the record is | ctive date, but not an effe s filed. | ective time, at 12:01 a.m. | on the earlier of: |
| Dated May 2914 | 2020 | | |
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| Signa | ture of a ntemper or authorized repre | escatalive of a member | |
| Paul Hunter Stark | | | |
| ······································ | Typed or printed name of | signed | |

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