L2C 000098467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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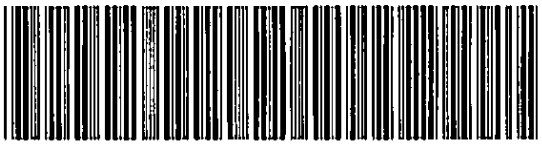

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05/18/20--01019--018 **35.00

FILED
2020 JUL -1 AM 9:51

JUL 09 2020
S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2020

BEATRIZ SAGARDUY SUSTACHA
25125 SW 119TH AVENUE
HOMESTEAD, FL 33032

SUBJECT: STRIVE PHYSICAL THERAPY LLC
Ref. Number: L20000098467

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a profit corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 620A00011161

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: STRIVE PHYSICAL THERAPY
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:

Beatriz Sagardoy Sustacha
Name of Person

STRIVE PHYSICAL THERAPY
Firm/Company

7180 EAST LAGO DR.
Address

CORAL GABLES, FL 33143
City/State and Zip Code

sagardoyb@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Sagardoy Sustacha at (786) 223-7410
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)

☑ $35.00 check sent with wrong form. it was cashed on 05/20/2020.

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

STRIVE PHYSICAL THERAPY

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

2020 JUL -1 PM 9:51

The Articles of Organization for this Limited Liability Company were filed on APRIL 07, 2020 and assigned Florida document number L20000098467.

This amendment is submitted to amend the following:

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

Ortho Sports 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:

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ Change
________	____________________________	____	☐ Add
		____	☐ Remove
		____	☐ 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: 05/20/2020 **(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 June 23rd. 2020.

Beatriz Sagarduy

Signature of a member or authorized representative of a member

Beatriz Sagarduy Sustacha

Typed or printed name of signee