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COVER LETTER

porations		•
LVIC PHYSICAL THERAPY	LLC	•
Name of Limi	ited Liability Company	
Amendment and fee(s) are sub-	mitted for filing.	
ndence concerning this matter	to the following:	
HEATHER'S RADER		
	Name of Person	
	Firm/Company	
704 HILLTOP COURT		
	Address	
MOUNT DORA, FL 3275	7	
THEODOTCHANICZACMAN	City/State and Zip Code	
		cation)
ncerning this matter, please co	ill:	
	352 630-4742	
Person	Area Code Daytime	Telephone Number
e following amount:		
☐ \$39.00 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)
	Street Address:	
	Name of Lim Amendment and fee(s) are sub indence concerning this matter HEATHER S RADER 704 HILLTOP COURT MOUNT DORA, FL 3275 THEOBPTCLINIC@GMA E-mail address: 0 incerning this matter, please councerning this matter.	Firm Company 704 HILLTOP COURT Address MOUNT DORA, FL 32757 City/State and Zip Code THEOBPTCLINIC@GMAIL.COM E-mail address: (to be used for future annual report notificancerning this matter, please call: 352

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

FILED

RADER PELVIC PHYSICAL THERAPY LLC

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

(A Florida Limited Liability Company) GEODETADY OF GIATE

The Articles of Organization for this Limited Liability Company	were filed on 07/08/2020 TALLAHASSEF, FL		
Florida document number 1.20000194959			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
THE OB PT CLINIC LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	16 N EUSTIS STREET		
(Principal office address MUST BE A STREET ADDRESS)	EUSTIS, FL 32726		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BON)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
agent and the new registered office address nere.			
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

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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	c does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) Pursi quirements, this date will r	uant to 605.0207 (3)(b) not be listed as the
record specifies a delayed effective of is filed.	ate, but not an effective t	ime, at 12:01 a.m. on i	he earlier of: (b) The 90tl	i day after the
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