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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN &

HOGAN, P.A.

Account Number : Il9990000015 Phone : (727) 461-1111

: (727)461-6430

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Email Address: _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN® ONLINE PT LAB, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ONLINE PT LAB, LLC				
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	n our records.)		-
The Articles of Organization for this Limited Liability Co.	mpany were filed on 10/13	/2020	and	assigned
Florida document number L20000312972	.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limits	ed liability company here	;		
MY VIRTUAL PHYSIO, LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	gnation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the n</u>	12.	registered
		<i>:</i> .		- <u>'</u>
Name of New Registered Agent:	<u> </u>	<u> </u>	- 100 M	<u>n II</u>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	5 (A) 5	
	Enter Florida	street address		7 n
	City	, Florida	Zip Co	de

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.

_____ Change

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 $AMBR = A$	uthorized Member		
Title	Name	<u>Address</u>	Type of Action
			□ Remove
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			DAdd
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/ 2021 14•, 26 M	cFarland, Gould, Etal		(FAX)727 461 6430	P.004/
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D. If smending	my other information, eater chan	pt(s) here: (Attack addition	ol sheets, (frecessory.)	
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E. Effective date	, if other than the date of filing; is listed, the date must be specific and car	مساعد مطالة قد معلم مع معامد عا مد	(aptional)	SOLUTION AND SOLUTION SACE
Notes If the da	to inserted in this block does not meet	the applicable statutory filing	requirements, this date will not be i	sted as the
document's eff	ective date on the Department of State	's records.		
			a so and the model to	
If the record specific record is filed.	es a delayed effective date, but not an	sifective time, at 12:01 s.m. o	no the earther off (D) . The With only a	
Deted April 15	th 2	021		2.40

Typed or printed name of signer

LANCE BAYER

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