KAI GCC AH23335

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	·	
Special Instructions to I	Filing Officer:	

Office Use Only



900377017879

11/22/21--01030--021 **55.00



A. BUTLER DEC 1 0 2021

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Apex PT LL	.c		
		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Marcie Barreira		
			Name of Person	
		Apex PT LLC		
			Firm/Company	
		5910 Sw 81 Street		
			Address	
		South Miami, FL 33143		
			City/State and Zip Code	·····
		viasol001@gmail.com		<u></u>
		E-mail address: (t	to be used for future annual report	notification)
For further in	nformation ec	oncerning this matter, please ca	ill:	
Marcie Barro	eira		786 6129072 at ()	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	Filing Fec	☐ \$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)

Registration Section

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

Apex PT LLC 2021 1:37 22 1:1 1:144

(<u>Name of the Limited Liabi</u> (A Florie	Ility Company as it now appears on o da Limited Liability Company)	ir records.)
	•	- 12
The Articles of Organization for this Limited Liability		and assigned
Florida document number L21000242325	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
Medela Physical Therapy LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or register		s, enter the name of the new regis
igent and/or the new registered office address here:	•	
Name of New Davissand Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet 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>	Address	Type of Action
AMBR	Telmo Barreira	5910 Southwest 81 Street	≣Add
		100	□Remove
			□Change
MGR	Marcie Barreira		□Add
			[]Remove
		5910 Southwest 81 Street	■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			<u> </u>	
				
			_ _ _	
				····
			·	
				
48				
•		· · · · · · · · · · · · · · · · · · ·		
			 -	
			- 	
			<u> </u>	
				
				·
ective date, if other than the da	ate of filing:		(optional)	
cerre date, ii other than the da	e specific and cannot be prior	to date of filing or more	han 90 days after filing.) Po	irsuant to 605.0207
effective date is listed, the date must be	k does not meet the applic	able statutory ming re	quirements, this date wi	ii not be listed as
te: If the date inserted in this block	artment of State's records.			
te: If the date inserted in this block	artment of State's records.			
te: If the date inserted in this block cument's effective date on the Depa ecord specifies a delayed effective d			he earlier of: (b) The 9	0th day after the
te: If the date inserted in this block nument's effective date on the Depa cord specifies a delayed effective d			he earlier of: (b) The 9	0th day after the
te: If the date inserted in this block cument's effective date on the Depa ecord specifies a delayed effective d s filed.			he earlier of: (b) The 9	0th day after the
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's defective date on the Department's defective date of the Department's date of the Department'	late, but not an effective ti		he earlier of: (b) The 9	0th day after the
te: If the date inserted in this block cument's effective date on the Department's effective date of the Department's eff	late, but not an effective ti $\frac{2021}{2}$	ime, at 12:01 a.m. on t		Oth day after the
te: If the date inserted in this block cument's effective date on the Department's effective date of the Department's eff	late, but not an effective ti	ime, at 12:01 a.m. on t		Oth day after the

Filing Fee: \$25.00