## Florida Department of State Stylision of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000249881 3)))



H210002498813ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

MECHNED IN S. L.

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 360 PHYSICAL THERAPY, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



## Articles of Amendment to LLC Articles of Organization of

| The Articles of Organization for this Limited Liability Company 05/24/2021 and assigned Florida document L21000242526   | were filed o   | מכ           |              |
|---|----------------|--------------|--------------|
| This amendment is submitted to amend the following  |                |              |              |
| ARTICLE IV  | g:             |              |              |
| Removal of Manager Calvin Smith   |                | <u></u>      |              |
|   |                |              |              |
|   |                | <u> </u>     | <del></del>  |
|   |                |              | <u> </u>     |
|   |                | ,            | <del>,</del> |
|   |                |              | <del></del>  |
|   | <del></del>    |              |              |
|   | N's            |              | - 3          |
| These articles of amendment were adopted on6/25/2021  |                | 2021 JUI     |              |
| Dated6/25/2021  | 7.378S         | JUN 25 P     | FILED        |
|   | S 7476<br>0880 | મ<br>ુ:<br>3 |              |
| Signature of a member or authorized representative of a membe   | r              |              |              |
| Donnovon Outten  Typed or printed name of signee  | <del></del>    |              |              |
| New Registered Agent's Signature, if changing Registered Agent:<br>Thereby accept the appointment as registered agent. I am familiar with and accept the<br>position. | obligations o  | of the       |              |
| Signature of New Registered Agent, if changing  | <del></del>    |              |              |