

L21000295080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

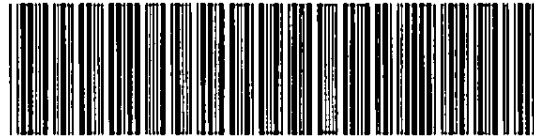
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

00789, 00795, 00671  
Customer called about  
their amendment on  
2/14/23. The repetition  
was filed in error. AB

Office Use Only



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11/17/22--01019--23 4:55:07

2022 NOV 17 PM 12:52

EST 10

FEB 1 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BENEFIT PHYSICAL THERAPY LLC

\_\_\_\_\_  
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:

ADRIANA N. POTTER

\_\_\_\_\_  
Name of Person

POTTER PHYSICAL THERAPY LLC

\_\_\_\_\_  
Firm/Company

5318 Van Dyke Road

\_\_\_\_\_  
Address

Lutz, FL - 33558

\_\_\_\_\_  
City/State and Zip Code

POTTERPHYSICALTHERAPY@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana N. Potter

815

341-3736

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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)

**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**

BENEFIT PHYSICAL THERAPY LLC

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

2022 NOV 17 PM 12:52

The Articles of Organization for this Limited Liability Company were filed on 11/14/2022 and assigned  
Florida document number L21000295080

This amendment is submitted to amend the following:

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

POTTER 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

City, Florida 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

[illegible]

[illegible]

(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)

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 November 14 2022

Adriana Potter

ADRIANA N. POTTER

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2023

ADRIANA N. POTTER  
5318 VAN DYKE ROAD  
LUTZ, FL 33558

SUBJECT: BENEFIT PHYSICAL THERAPY LLC  
Ref. Number: L21000295080

We have received your document for BENEFIT PHYSICAL THERAPY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on July 12, 2021.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 223A00002910