

L21 000330182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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07/30/21--01016--001 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UPDATE AUTHORIZED PERSON'S

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:

SAVANNAH FAULK

Name of Person

SAVAGE PHYSICAL THERAPY, LLC

Firm/Company

1040 W. DORCHESTER DR

Address

ST. JOHNS, FL 32259

City/State and Zip Code

sfaulk16@icloud.com

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

For further information concerning this matter, please call:

SAVANNAH FAULK

904 477-9287

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 27TH, 2021

Savannah Fawcett
Signature of a member or authorized representative of a member

Savannah Fawik

Typed or printed name of signee

Filing Fee: \$25.00