KZ1000371048

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A. BUTLER FEB - 1 2022

COVER LETTER

Div	ision of Cor	porations	,	
SUBJECT:	=	sical Therapy LLC		
300 <i>51</i> .C1.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Filing Angela		
		ZenBusiness, Inc.	Name of Person	
		5511 Parkerest Drive, Suit	Firm/Company e 103	
		Austin, TX 78731	Address	
		fultillment@zenbusiness.co		
			to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	att:	
Filing Angel	la		844 493-6249 at ()	
	Name of	î Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bonsai Physical Therapy LLC	19
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)
(A riorida Limited)	Gardin(y Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/18/2021
Latonazzio is	were thed on and assigned
Florida document number 1.21000371048	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	htty Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7360 S. Tamiami Trail
Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL
	34231
	-
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of	ffice address on our records, enter the name of th
registered agent and/or the new registered office address her	
	-
Name a CNI and Descript and Assessed	
Name of New Registered Agent:	
New Registered Office Address:	
-	Unier Florida sirvet 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Christopher Saylor		
AMBR			Add
			(D
		7360 S. Tamiami Trail	Remove
		Sarasota, FL 34231	
			☐ Remove
			Change
			5 .0
			□ Remove
			☐ Change
			□ D
			Remove
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			□ Remove
			U Remove
			Change
			□ Remove
			CINCINOVE
			Change

	
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Note:	tive date, if other than the date of filing:
(f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1/13/2022
	Christophers Lypn
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00