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COVER LETTER

TO:

Registration Section
Division of Corporations

Morgan Fe	nerty LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Morgan Fenerty		
		Name of Person	
	Morgan Fenerty LLC		
	Name of Limited Liability Company c enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Morgan Fenerty		
		Address	············
	Palm Beach Gardens, FL	33418	
	mffenerty@gmail.com	City/State and Zip Code	
	, ,	to be used for future annual report not	ification)
For further information of		·	
Morgan Fenerty	oncoming and manor, pre-se v		
		at ()	
Name of Person Area Code Daytime Telephone Number		ne Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Morgan Fenerty LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Mobile Palms Physical Therapy LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ZZDEC -5 AN
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	rds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s.	street address
		, Florida
	City	Zip Code

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
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	December	28, 2021		
fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior ck does not meet the applic	able statutory filing re		
ecord specifies a delayed effective is filed.	date, but not an effective to	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th da	ay after the
November 27 ted	2022			
	•	 '		
		/_		
	Margitan	ette		
	Signature of member or auth	orized representative of a	member	

. . . .