L23000133874

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/23/23--01008--020 **25.00

2023 APR 17 AH 9: 45

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Office Use Only

J 4/29/2023

COVER LETTER

. Division of Corporations				
SUBJECT: MV	MT Performana Name of Limi	Therapy LLC.		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter (to the following:		
	Caio Mu	harram		
	MUMI Perfe	Firm/Company L	LC.	
	5772 SW	31st Street		
		, 1007435		
	Miami	City/State and Zip Code G gmail. Com o be used for future annual report notif	 	
	MUMT PR	City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca			
Caio Muha	a YYa w	at (365) 735 1 Area Code Daytime	5)7	
Name of	reison	Area Code Daytime	: Telephone Number	
Enclosed is a check for th	e following amount:			
2 \$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



March 24, 2023

CAIO MUHARRAM 5772 SW 31ST STREET MIAMI, FL 33155

SUBJECT: MVMT PERFORMANCE THERAPY LLC.

Ref. Number: L22000133874

We have received your document for MVMT PERFORMANCE THERAPY LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II



Letter Number: 223A00006782

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVMT Performance Therapy LCC. 2023 APR 17 AH 9: 45 (Name of the Limited Liability Company as H. now appears on our records.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3/17/22 and assigned Florida document number 622000133874.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MVMT Performance Rehab LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title		Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			🗀 Add
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	·		Change
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			Change
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			□Add
			□Remove
			□Change

Page 2 of 3

• •	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	April 11 . 2023.
	Signature of a member or authorized representative of a member
	Caio Muharram Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3