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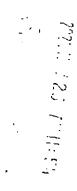
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SOBJECT.	Name of Lim	ited Liability Company	······································
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alexia Incera-Garcia Name of Person Rooted Physical Therapy and Pilates, LLC Firm/Company 5863 SW 42nd street Address Miami, FL 33155 City/State and Zip Code E-mail address: (to be used for future annual report notification)			
Please return all correspo	ondence concerning this matter	to the following:	
	Alexia Incera-Garcia		
		Name of Person	
	Rooted Physical Therapy a	and Pilates, LLC	
		are submitted for filing. Is matter to the following: It is	
	Alexia Incera-Garcia Name of Person Rooted Physical Therapy and Pilates, LLC Firm/Company 5863 SW 42nd street Address Miami, FL 33155 City/State and Zip Code E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: exia Incera-Garcia Name of Person 1 305 608-4517 Area Code Daytime Telephone Number closed is a check for the following amount: 1 255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)		
	- <u>-</u> -	Address	
	Miami, FL 33155		
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	E-mail address: (to be used for future annual report noti	(fication)
For further information c		·	,
Alexia Incera-Garcia			
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S Division of C	Section		
P.O. Box 632	2.7	The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rooted Physical Therapy and Pilates, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/18/2022}{1}$ and assigned Florida document number ___L22000232941 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rooted Physical Therapy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7000 SW 42nd street Enter new principal offices address, if applicable: Suite 200 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33143 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

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the appl	icable statutory filing red	(optional) han 90 days after filing.) Pursuant to quirements, this date will not be	o 605.0207 : listed as
ne record specifies a delaye The 90th day after the re		not an effective time	e, at 12:01 a.m. on the e	arlier of
October 19	2024			
Dated		<u></u> •		
Dated	·			
Dated	Signature of a member or au	thorized representative of a	Mombar	_

Page 3 of 3