

L22000410493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

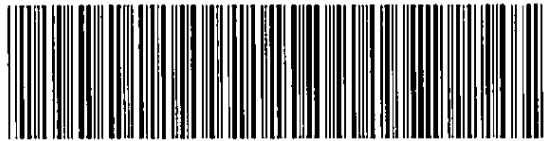
(Business Entity Name)

(Document Number)

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2/20/24 KH
STATE OF MISSISSIPPI
2024 JAN 31 AM 9:38
P11110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKO PHYSICAL THERAPY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

JESSICA MATTHEWS
Name of Person
ONE OF A KIND TAX SERVICES LLC
Limited Company
340 N FEA RD
address
FORT PIERCE, FL 34945
City/State and Zip Code
JMATTHEWSEA@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA MATTHEWS
Name of Person
772 801-1630
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 included)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is included)

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

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REC'D
TALLAHASSEE, FL
SEC. OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FRANKO PHYSICAL THERAPY 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 09/29/2022 and assigned Florida document number L22000410493

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RECHARGE PHYSICAL THERAPY 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:

13335 W. HILLSBOROUGH AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33635

Enter new mailing address, if applicable:

13335 W. HILLSBOROUGH AVE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33635

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

Florida

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 STATE OF FLORIDA
 TALLAHASSEE, FL

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

Multiple horizontal dashed lines for amending information.

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STATE
SECRET, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or, on record, on 90 days after filing.) Pursuant to 605.020(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (a) The 90th day after the record is filed

Dated November 6th, 2023

[Signature]
Signature of a member or authorized representative of a member

Sydney Lee Francis
Typed or printed name of signer