

# L22000429604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

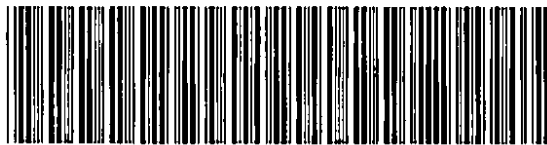
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000418425500

FILED

2023 DEC -4 AM 10:10

STATE  
OFFICE

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2023 DEC -4 PM 2:46

SEC. OF STATE  
TALLAHASSEE, FLORIDA

A. BUTLER  
DEC - 5 2023

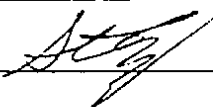
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

## REFERRED PHYSICAL THERAPY, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ ☒ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ ☒ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Preferred Physical Therapy, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicol Velez  
Name of Person

Preferred Physical Therapy, LLC.  
Firm/Company

7392 NW 35<sup>th</sup> Ter. #206  
Address

Miami, FL 33122  
City/State and Zip Code

Nicol@qualifyingall.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicol Velez at (706) 205-6117  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
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

TO  
ARTICLES OF ORGANIZATION  
OF

Preferred Physical Therapy  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

**FILED**

2023 DEC -4 AM 10:10

The Articles of Organization for this Limited Liability Company were filed on 10/05/2022 and assigned  
Florida document number L22000429604

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roque, Evelio Andres	_____	<input type="checkbox"/> Add
		7392 NW 35 <sup>th</sup> Ter #200 Miami, FL 33122	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Roque, Evelio Andres	_____	<input type="checkbox"/> Add
		7392 NW 35 <sup>th</sup> Ter #200 Miami, FL 33122	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

Please see affidavit attached.

E. Effective date, if other than the date of filing: 12/01/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (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:  
(b) The 90th day after the record is filed.

Dated December 1<sup>st</sup>, 2023.

Nicol Velez

Signature of a member or authorized representative of a member

Nicol Ninette Marie Velez

Typed or printed name of signee

FILED

Nicol Ninette Marie Velez  
10130 Montego Bay Drive  
Cutler Bay, Florida 33189  
nicol@qualifyingall.com  
(786) 205-6117  
December 1, 2023

2023 DEC -4 AM 10:10

STATE  
FL

**NOTARIZED STATEMENT OF FACTS**

I, Nicol Ninette Marie Velez, who resides at 10130 Montego Bay Drive, Cutler Bay, Florida 33189, declare the following statement of facts to be true and correct to the best of my knowledge:

On 10/26/2023, a fraudulent amendment to add Steve Sanchez and David Quintana as authorized members was submitted by someone other than myself and without my authorization and approval, and wherein someone forged my signature as the member or authorized representative of the company requesting the change, to Lazarus Corporate Filing Service, Inc. for filing with the Florida Department of State Division of Corporations. This change was reflected on Sunbiz on 10/26/2023.

On 10/31/2023, a request to change the addresses of Steve Sanchez, Jr. and David Quintana was submitted by David Quintana and without my authorization and approval, to Lazarus Corporate Filing Service, Inc. for filing with the Florida Department of State Division of Corporations. This change was reflected on Sunbiz on 11/02/2023.

On 11/16/2023, a fraudulent amendment to add Evelio Andres Roque as a manager of the company and remove Steve Sanchez and David Quintana as members of the company was submitted by someone other than myself and without my authorization and approval, and wherein someone forged my signature as the member or authorized representative of the company requesting the change, to Lazarus Corporate Filing Service, Inc. for filing with the Florida Department of State Division of Corporations. This change was reflected on Sunbiz on 11/16/2023.

On 11/22/2023, I submitted an amendment to the Florida Department of State Division of Corporations to remove Evelio Andres Roque as a manager of the company as the previous amendment was fraudulently submitted by someone other than myself and without my authorization, and with my signature forged on the document effectuating the change.


I, Nicol Ninette Marie Velez, am the sole member of Preferred Physical Therapy, LLC. Therefore, no other individual or entity shall have authority to file any changes on behalf of the company, including, but not limited to, filing amendments to the articles of organization of Preferred Physical Therapy, LLC. Additionally, no entity or individual other than myself, shall have the authority to bind contract, or sign any agreements and or checks on behalf of Preferred Physical Therapy, LLC.

This statement is made for the purpose of putting the Florida Department of State Division of Corporations and the general public of the aforementioned facts and may be relied upon by third parties.

Under penalties of perjury, I further declare that I have read under penalties of perjury, under the laws of the State of Florida that the foregoing is true and correct.

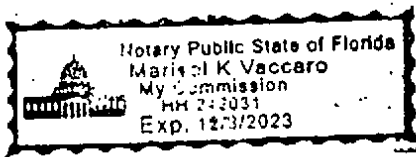
Executed on this 1st day of December, 2023.

Nicol Ninette Marie Velez  
Printed Name

  
Signature

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to or affirmed and signed before me on this 1<sup>st</sup> day of December, 2023, and acknowledged that he/she executed the same for the purposes therein contained by Nicol Ninette Marie Velez, by means of ✓ physical presence or      online notarization.



  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

Marisol K. Vaccaro  
Printed Name of Notary Public as commissioned

     Personally Known  
✓ Produced Identification

Type of Identification: FL. DL. # V420-634-89-806-0