Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000366999 3)))



H240003669993ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREFERRED PHYSICAL THERAPY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV - 5 2024

Articles of Amendment to LLC Articles of Organiza	
PREFERRED PHYSICAL THERAS	oy 160
The Articles of Organization for this Limited Liability Company were fill and assigned Florida document number 427,000 429 604	ed on
This amendment is submitted to amend the following:	TOTAL HOY
REMOVE: Jorgen Rodriguez Gonzalez	555
	<u> </u>
ADD: Oscar Svarez Macias Graveran AUX	38 & R.
7392 NW 35TERRA UNIT 206	
Migui FL.33122	
These articles of amendment were adopted on $11/4/24$	······································
Dated	
	
Signature of a member or authorized representative of a member	
OSEAY Sugrez-Macias GRAVEN Typed or printed name of signee	1an
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations osition.	
Signature of New Registered Agent, if changing	