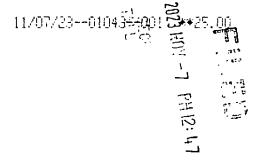
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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D. Bruce

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RECEIVED FROM:	FLORIDA DEPAR	RTMENT OF STATI	E • Nº	07410 -23
the sum of Twen	ty-Five -	 Dollars \$ā	JS ω	
For the following:	ing fee	400- 11/07/23	41885113 01043001 +•	: ≥ *25.00
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THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration So Division of Cor			·
G = 1 = 5 = 6 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7 = 7	If Physical Therapy LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Alexander Burhoe		
		Name of Person	
	Florida Golf Physical Ther	rapy LLC	
		Firm/Company	
	203 Baytree Dr		
		Address	
	Rotunda West, FL 33947		
		City/State and Zip Code	
	GolfandSportsPT@gmail.co		
For further information o	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Robert Burhoe		941 999-1129	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 Addres		Street Address:	ction
Registration Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our record Liability Company)	ords.)
ny were filed on 7/12/23	and assigned
ability company here:	
ability Company," the designation "L	.LC" or the abbreviation "L.L.C."
N/A	
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N/A	0
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	Florida
	ability company here: ability Company," the designation "L. N/A N/A Pre address on our records, ent

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 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
			□Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	be specific and cannot book does not meet the a	applicable statutory:	or more than 90 days at	otional) for filing.) Pursuant to 605.0 his date will not be listed	0207 1 as :
record specifies a delayed effective is filed.	date, but not an effec	tive time, at 12:01 a	m, on the earlier of:	(b) The 90th day after	the
November 4th	. 2023	·			
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