23000486114

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

Office Use Only



800419580448

2023 DEC 27 AM 10: 03

RECEIVED

2023 DEC 27 PH 12: 12



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Dato:	12/29/2023	Account#: I20000000088 For any issues please contact Xavian Brown
-	Xavian Brown	518-213-0739
	2218699	
	ne: ADVANCED PHYSICAL THE	RAPY REHAB OF LEE LLC
	icles of Incorporation/Authorization to Tr	ransact Business
	ange of Agent	
☐ Rei	instatement	
Co	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner Please keep o	riginal filling date
Authorized	d Amount: \$25.00	_
Signature	. / 11/2"	

F: 800.944.6607

F: +852.2682.9790



December 28, 2023

COGENCYGLOBAL

SUBJECT: ADVANCED PHYSICAL THERAPY & REHAB OF LEE, LLC

Ref. Number: L23000486114

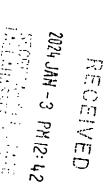
We have received your document for ADVANCED PHYSICAL THERAPY & REHAB OF LEE. LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Registerd Agents name how it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 123A00029426



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 DEC 27 AM 10: 03 ADVANCED PHYSICAL THERAPY & REHAB OF LEE. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA 10/25/2023 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number _ L23000486114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 484 Riverside Avenue Enter new principal offices address, if applicable: Jacksonville, FL 32202 (Principal office address MUST BE A STREET ADDRESS) 484 Riverside Avenue Enter new mailing address, if applicable: Jacksonville, FL 32202 (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: Cogency Global Inc. Name of New Registered Agent: 115 N Calhoun St., Ste 4 New Registered Office Address: Enter Florida street address Florida 32301
Zin Code Tallahassee 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.

/S/ Kendall Howell Asst Secretary

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
MGR	H2 HOLDCO, INC.	484 RIVERSIDE AVE.	⊒ Add
		JACKSONVILLE, FL 32202	I Remove
			☐ Change
MGR	ZELLER, THOMAS S	5315 MALIBU COURT	
		CAPE CORAL, FL 33904	E Remove
			J Change
			Remove
			T Change
			B Remove
			I Change
			⊡ Remove
			Change
			⊒ Add
			☐ Remove
			Change

	<u>.</u>										
						<u></u>			-	<u>=</u>	•
								· · ·	<u></u>		
											•
					·						
-											
											
									1×	2023	

									<u>P</u> .	DEC (
									ASSI	27	•
			<u> </u>						w.	AM IO	Ĩ
	·			·· <u>·</u>					9.7	_ <u>÷</u>	. `
									97.	್ಷಿ	
									P		_
								<u> </u>		-	-
	u										-
ective date,	if other thai	n the date	of filing:					(optio	nal)		
ective date, a n effective date <u>ite:</u> If the date	is listed, the date inserted in the	te must be spe his block do	eific and ca es not mee	nnot be pric I the an o l	or to date of leable statu	filing or m itory fil in	ore than 9 g-require:) days after nents, this	date will n	ant to 602 of be liste	ed :
cument's effec	tive date on t	ilic Departin	ent of Stat	e's record	S	•					
record spe	cifies a del	ayed effe	ctive dat	e, but n	ot an eff	ective t	ime, at	12:01 a	.m. on th	ie earlie	er
The 90th da											
. 1		12/1	76/	400	23						
		12/0	" / / ·)	7	()	Ĥ				
			7	j	. (
<u> </u>			\								
		Signati	ure of a mer	nber or aut	norized repr	resentativo	- ा ता टा।	nei I			

Page 3 of 3

Filing Fee: \$25.00