

L23000486157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Date: 12/29/2023

Name: Xavian Brown

Reference #: 2218699

Entity Name: ADVANCED PHYSICAL THERAPY REHAB OF CAPE CORAL LLC

Account#: I20000000088
For any issues please contact
Xavian Brown
518-213-0739

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other Please keep original filing date

Authorized Amount: \$25.00

Signature: XPM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2023

COGENCYGLOBAL

SUBJECT: ADVANCED PHYSICAL THERAPY & REHAB OF CAPE CORAL, LLC
Ref. Number: L23000486157

We have received your document for ADVANCED PHYSICAL THERAPY & REHAB OF CAPE CORAL, 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 Registered 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: 523A00029426

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

ADVANCED PHYSICAL THERAPY & REHAB OF CAPE CORAL, LLC

2023 DEC 27 AM 10:07

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

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/25/2023 and assigned
Florida document number L23000486157.

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 "L.L.C."

Enter new principal offices address, if applicable:

484 Riverside Avenue

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32202

Enter new mailing address, if applicable:

484 Riverside Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32202

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:

Cogency Global Inc.

New Registered Office Address:

115 N Calhoun St., Ste 4

Enter Florida street address

Tallahassee

Florida

32301

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.

/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>	<u>Address</u>	<u>Type of Action</u>
MGR	H2 HOLDCO, INC.	484 RIVERSIDE AVE.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZELLER, THOMAS S	5315 MALIBU COURT	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<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

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

2023 DEC 27 AM
TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

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 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

$$\begin{array}{r} 202 \\ \times 26 \\ \hline 1212 \\ 12120 \\ \hline 5252 \end{array}$$

Signature of a member or authorized representative of a member

Craig Greenfield
Typed or printed name of signer

Typed or printed name of signee