L23000521543

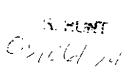
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zipi-Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Gertificates of Status
Special Instructions to Filing Officer:

Office Use Only



500429166145

05/06/24--01031--004 **25.00



COVER LETTER

ction porations			
ysical Therapy			
Name of Lim	nited Liability Company	_	
Amendment and fee(s) are sub	omitted for filing.		
	•		
Eric Pasawicz			
.	Name of Person	<u> </u>	
	Firm/Company		
361N University Drive, Ap	partment #227		
Address			
Plantation, FL 33324			
	City/State and Zip Code	_	
E-mail address: ((to be used for future annual report notification)	-	
oncerning this matter, please c	all:	~ -	
	813 789-0860	7. N	
f Person	Area Code Daytime Telephone Nurr	nber ' · ·	
ne following amount:			
☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)	
<u>s:</u> Section	Street Address: Registration Section		
orporations	Division of Corporations		
		e 810	
	Name of Lin Amendment and fee(s) are subsidence concerning this matter Eric Pasawicz 361N University Drive, A Plantation, FL 33324 E-mail address: a concerning this matter, please of ferson fee following amount: S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Eric Pasawicz Name of Person Firm/Company 361N University Drive, Apartment #227 Address Plantation, FL 33324 City/State and Zip Code E-mail address: (to be used for future annual report notification) concerning this matter, please call: S13	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevated Physical Therapy LLC		
(Name of the Limited Liabili (A Florid:	ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability C	Company were filed on 11/24/2023	and assigned
lorida document number L23000521543	<u>_</u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
levated Strength Rx LLC		
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	<u>-</u>
		•
nter new mailing address, if applicable:		· .
Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
		!
. If amending the registered agent and/or registered	d office address on our records, <u>ente</u>	r the name of the new registe
gent and/or the new registered office address here:		. 4-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	<u>187</u>
-		loridaZip Code
	City	Tin Coda

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 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
			□Add
			□Remove
		- 	□ Change
			□Add
			Remove
			□Change
			□Remove
			☐ Change
			:□Add
			 Ţ⊡Remove
			□Change
			□Remove
			□Change
			□Remove
			□C'hange

Page 2 of 3

Change of service provided from physical therapy to performance, recovery	y and prevention
	
	. :
	4 - 120
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	ng requirements, this date will not be listed
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ated 06/04/2024	
ated $V_{\bullet}/U_{\bullet}/U_{\bullet}/U_{\bullet}/U_{\bullet}$	
• • • • • • • • • • • • • • • • • • • •	
Signature of a member of authorized representative	e of a member
Pri /	ve of a member

Page 3 of 3

Filing Fee: \$25.00