

6/5/24, 3:00 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H240001980183)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MOORE & MENKHAUS, P.A.
Account Number : I20000000087
Phone : (561)394-7910
Fax Number : (561)393-6541

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

Email Address:

Attisd8@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELITE THERAPY INSTITUTE, LLC**

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN - 6 2024

((H24000198018 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

FILED
 2024 JUN -5 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ELITE THERAPY INSTITUTE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/15/2024 and assigned
 Florida document number L24000226683

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:

(Principal office address MUST BE A STREET ADDRESS)

8190 SOUTH JOG ROAD

SUITE 100

BOYNTON BEACH, FL 33472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8190 SOUTH JOG ROAD

SUITE 100

BOYNTON BEACH, FL 33472

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

AMMR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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N/A

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SUSAN H. JONES, CLERK

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

N/A

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TALLAHASSEE, FLORIDA

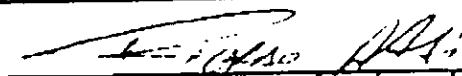
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 5, 2024



Signature of a member or authorized representative of a member

RICARDO ATTI, DPT

Typed or printed name of signee

((H24000198018 3)))

Filing Fee: \$25.00