P21000014620

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Orlando 1	Rediatric Phys.	ical therapy Inc.
DOCUMENT NUMBER:		014620	
The enclosed Articles of Amend	iment and fee are sub	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
· · · · · ·	Molly	Swa Alord Name of Contact Person	
			Physical Therapy, Inc.
	408 0	<u>Naterside Lan</u> Address	<u> </u>
		City/ State and Zip Code	2
	molly gate	orpt@gmail.co	notification)
For further information concern	ing this matter, pleas	se call:	
Molly Swa	Mord	at (678	978 - 83/6 de & Daytime Telephone Number
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made p	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add			Address Iment Section
Amendment S Division of C		Divisio	n of Corporations
P.O. Box 632	7		entre of Tallahassee
Tallahassee, I	FL 32314		N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Orlando Pediatric Physical	Therapy. Inc.	2021 OCT 12	PH 7:21
Orlando Pediatric Physical (Name of Corporation as currently P21000014620	filed with the Florida Dept.	of State) RETARY TALLAHASSE	COFSIA:: IE:FL:F
	Corporation (if known)	- ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation add	opts the following	amendment(s) t
A. If amending name, enter the new name of the corporation:			
sacoste Pediatric Physical Therapy in name must be distinguishable and contain the word "corporation," "contain "or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	Inc. ompany," or "incorporated" of professional corporation na	or the abbreviation me must contain	The new ("Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: Name of New Registered Agent		e of the	
New Registered Office Address:	ect address) (City)	Florida(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.	
N/A	egistered Agent, if changing		
Signature of New Ke	egisierea Ageni, ij changing		

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	NA	
Add		
Remove	/-	
2) Change	N/A	
Add		
Remove 3) Change	N/A	
Add		
Remove		
4) Change	N/A	
Add		
Remove	•	
5) Change	NA	
Add	'	
Remove		
6) Change	N/A	
Add	•	
Remove		

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	N/A			
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	1 10.		-firmed above	
n amendment provides for ovisions for implementing	an exchange, reclassific	ation, or cancenation	mont itself:	
TAISIONS IOF HUDIERIERIUMS	N/A)	mamed in the amend	ment itsen.	
tif not applicable indicate				
(if not applicable, indicate	N/A			
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(if not applicable, indicate				
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(if not applicable, indicate	[9/]			
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The date of each amendment(s) ac	Inntion: N/A	, if other than the
date this document was signed.	1977 ·	
Effective date <u>if applicable</u> :	10/8/21	
Effective date in applicable.	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filin partment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors v	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes of ficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for ap	proval
by	(voting group)	
	(voting group)	
Dated	0(8/2)	
Signature	1/1 0 ely-	
(By a di selected	rector, president of other officer – if directors or I, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	
(By a di selected	rector, president or other officer – if directors or I, by an incorporator – if in the hands of a receiv	er, trustee, or other court