

L17000060260

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AUG 16 2017

# DELL GRAHAM

JOHN D. JOPLING\* ELLEN R. GERSHOW† DAVID M. DELANEY\*\* MICHAEL S. DONSKY\* RUPA S. LLOYD††

JAMIE LYNN WHITE ERIC M. NEIBERGER BRENT D. HARTMAN

August 10, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Via Certified Mail Receipt: # 7014 2120 0002 3080 7102

Re: Amendment to Articles of Organization for:

**CORPORATION:** INSTITUTE OF PEDIATRIC NEUROSCIENCES OF FLORIDA LLC  
**DOCUMENT NO:** L17000056528

**CORPORATION:** CLINICAL NEUROPHYSIOLOGY OF FLORIDA LLC  
**DOCUMENT NO:** L17000060260

To Whom It May Concern:

On behalf of our client, Dr. Edgard Andrade, enclosed please find the Amendments to Articles of Organization for the above referenced corporations. Also enclosed is 2 checks made payable to the Florida Department of State for \$25.00 which represents the filing fee for the Amendments.

Please forward confirmation of the filing to my attention at Dell Graham, P.A., 203 N.E. 1<sup>st</sup> Street, Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 372-4381, or by e-mail at [rlloyd@dellgraham.com](mailto:rlloyd@dellgraham.com).

Sincerely,



Rupa S. Lloyd, Partner  
Attorney at Law

Encl:

2 Amendments to Articles of Organization  
2 Checks for \$25.00 (filing fee)

\*Florida Board Certified Civil Trial Lawyer † Florida Board Certified in Wills, Trusts & Estates

\*\*Florida Board Certified in Education Law †† AHCA Licensed Healthcare Risk Manager

COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: CLINICAL NEUROPHYSIOLOGY OF FLORIDA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDGARD ANDRADE  
Name of Person  
CLINICAL NEUROPHYSIOLOGY OF FLORIDA, LLC  
Firm/Company  
1315 SE 25TH LOOP, UNIT 104  
Address  
OCALA, FLORIDA 34471  
City/State and Zip Code  
OLBANY@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rupa S. Lloyd, Esq. at (352) 416-0078  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF

CLINICAL NEUROPHYSIOLOGY OF FLORIDA, 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 03/15/2017 and assigned  
Florida document number L17000060260

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)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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STATE  
TAMPA  
FLORIDA

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Institute of Pediatric Neurosciences	1315 SE 25 LOOP, UNIT 104	<input type="checkbox"/> Add
		OCALA, FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EDGARD ANDRADE	1315 SE 25 LOOP, UNIT 104	<input checked="" type="checkbox"/> Add
		OCALA, FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LIDA E ANDRADE	1315 SE 25 LOOP, UNIT 104	<input checked="" type="checkbox"/> Add
		OCALA, FL 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 change  
 Add  
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PURPOSE:

ANY AND ALL LAWFUL BUSINESS PURPOSES

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

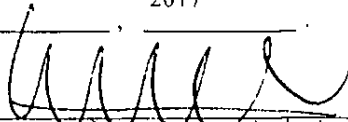
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

August 9/2017 2017



Signature of a member or authorized representative of a member

EDGARD ANDRADE

Typed or printed name of signee

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17 AUG 14 PM 1:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA