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EXAMINER



200155655992

05/08/09--01008--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 AM 10:18

Sign.

W09-22313

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auriculotherapy Center, 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:

Mary L. Bonnette, PhD, RN

Name of Person

Auriculotherapy Center, LLC

Firm/Company

1920 Virginia Avenue, #401

Address

Fort Myers, Florida 33901

City/State and Zip Code

mlbphdrn@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Mary Bonnette

Name of Person

at (239)

337-4332

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Auriculotherapy Center, 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 _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Neurotherapy Center, LLC

The new name must be distinguishable and end with 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)

Suite 712, Medical Office Building

2780 Cleveland Avenue

Fort Myers, Florida 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1920 Virginia Avenue

#401

Fort Myers, Florida 33901

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 21 AM 10:18

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

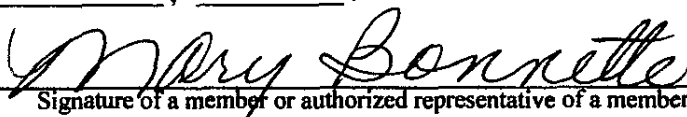
MGR = Manager

MGRM = Managing 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"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 5, 2009



Signature of a member or authorized representative of a member

Mary L. Bonnette, PhD, RN

Typed or printed name of signee