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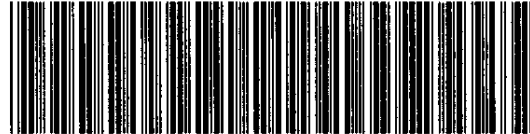
(Business Entity Name)

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2015 MAR 18 PM 2:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drs. Aronson, Traina & Ibars, Consultants in Neurological Surgery, 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:

Jorge L. Doimeadios

Name of Person

CNSGroup Management, LLC

Firm/Company

10101 South Dixie Highway

Address

Miami, FL 33156

City/State and Zip Code

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

For further information concerning this matter, please call:

Jorge L. Doimeadios

at 786 456-4107

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2015

JORGE L. DOIMEADIOS
CNSGROUP MANAGEMENT, LLC
10101 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156

SUBJECT: DRS. TRAINA & IBARS, CONSULTANTS IN NEUROLOGICAL
SURGERY, LLC
Ref. Number: W15000023333

We have received your document for DRS. TRAINA & IBARS, CONSULTANTS
IN NEUROLOGICAL SURGERY, LLC and your check(s) totaling \$25.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Articles of Amendment were received on 03/16/15.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00006680

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 MAR 16 PM 2:47
JENNIFER A. STARR
TALLAHASSEE, FLORIDA

Drs. Aronson, Traina & Ibars, Consultants in Neurological Surgery, 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 10/16/2007 and assigned
Florida document number L07000104948.

This amendment is submitted to amend the following:

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

Drs. Traina & Ibars, Consultants in Neurological Surgery, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

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

N/A

E. Effective date, if other than the date of filing: March 16, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10 , 2015

Joseph A. Traina, MD
Signature of a member or authorized representative of a member

Joseph A. Traina, MD

Typed or printed name of signee

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Filing Fee: \$25.00

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