

# LD8000089289

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

OCT 19 2010

**EXAMINER**

Office Use Only



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10/18/10--01015--020 \*\*60.00

**FILED**  
10 OCT 18 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Central Florida Neuropsychology 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:

**Susan L. Crum or Soraya Fernandez**

Name of Person

**Central Florida Neuropsychology, LLC**

Firm/Company

**505 S O Mul La Oee Dr**

Address

**Sebring, FL 33870**

City/State and Zip Code

**able2learn@live.com**

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

For further information concerning this matter, please call:

**Susan Crum or Soraya Fernandez**

Name of Person

at ( **863** )

**385-4357**

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**

Central Florida Neuropsychology, 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 September 19, 2008 and assigned Florida document number L08000089289.

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 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)**

505 S O Mul La Oee Dr

Sebring, Fl. 33870

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

505 S O Mul La Oee Dr

Sebring, Fl. 33870

**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*

**FILED**  
10 OCT 18 PM 3:08  
STATE OF FLORIDA  
TALLAHASSEE, FL 32304

**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>  |
|--------------|--------------------------|--|--|
| MGR          | Juan Ros-Carretero, M.D. | 505 S O Mul La Oee Dr<br>Sebring, FL 33870 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | Susan L. Crum, PhD       | 505 S O Mul La Oee Dr<br>Sebring, FL 33870 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated October 13, 2010

  
Signature of a member or authorized representative of a member

Susan L. Crum  
Typed or printed name of signee