110000 107129

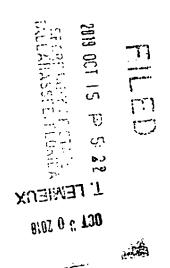
(Requestor's Name)
(Address)
(
(Address)
(C)+ (C)++- (T)+ (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400335503404

10/15/19--01019--027 **55.00





Address: 12076 Technology Ave, Alachua, Fl. 32615 | Mailing: P.O. Box 2459 Alachua, Fl. 32616 | Phone: (352) 375-5553 | Fax: (888) 972-4494 Toll Free: 1(844) 5NCFDNA / 1(844) 562-3362 | www.ncfdna.com

Amendment to Articles of Organization for a Florida Limited Liability Company

Cover Letter

Name:	North Central Florida Neurodiagnostic Services, LLC
Return Address:	PO Box 2459 Street Address
	Alachua, FL 32616-9498 City, State, Zip
Phone:	(352) 375 - 5553, Ext. 115
E-mail Address:	Credentialing@ncfdna.com

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	North Centr	al Florida Neurodiagnostic Sei	rvices LLC	
30001.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspoi	idence concerning this matter	to the following:	
		Adrian F. Harper, Sr.		
			Name of Person	
	North Central Florida Neurodiagnostic Services, LLC			
			Firm/Company	
12076 Technology Ave				
			Address	
		Alachua, FL 32615-9498		
		credentialing@ncfdna.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Adrian F. Ha	arper, Sr.		352 375-5553 at ()	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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 FILED

North Central Florida Neurodiagnostic Services. LL	C 2019 OCT 15 P 5: 22
(Name of the Limited Liability Composition (A Florida Limited Liability Composition) The Articles of Organization for this Limited Liability Composition for this Limited Liability Composition (Name of the Limited Liability Composition).	J Liability Company) STORIASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compan	y were filed on 10/14/2010 and assigned
Florida document number 1.10000107129	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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 registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the ne</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ishmael S. Rentz		□ Add
		12076 Technology Ave Alachua, FL 32615-9498	■ Remove
			Change
VPCFO	Ishmael S. Rentz		Add
		12076 Technology Ave Alachua, FL 32615-9498	■ Remove
			Change
			Remove
		 	Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			☐ Change

			•		
		- · · ·			
<u></u>			<u> </u>		
				· •	
				·	
					
			··		
	-				
					
Fective date, if other than the neffective date is listed, the date mus	date of filing:	of be prior to date of	filing or more than 90	(optional)) days after filing) Pursuan	1 10 605 0207
te: If the date inserted in this blocument's effective date on the D	ock does not meet th	ie applicable statu	tory filing require	nents, this date will not	be listed as
cument s'enective date of the D	epartment of State's	records.			
record specifies a delayed	l effective date,	but not an eff	ective time, at	12:01 a.m. on the	earlier of
The 90th day after the rec			,		
October 4th	20	19			
61	Signature of a member				
///					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00