

FROM

Division of Corporations

(MON) FEB 7 2011 15:12/ST. 15:10/No. 8160061366 P 1

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L10000126035

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : I19990000007
Phone : (954) 472-3124
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KINER NUEROGOGY SERVICES LLC

Certificate of Status	0
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J. BRYAN

FEB -8 2011

EXAMINER

FROM

(MON) FEB 7 2011 15:12/ST. 15:10/NO. 9180061386 P 2

H 11 0000 32519 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 FEB - 7 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kiner Nueroogy Services, 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 December 8, 2010 and assigned
Florida document number L10000126035.

This amendment is submitted to amend the following:

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

Kiner Neurology & Psychology Consultants, 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:

3000 North Ocean Drive Apt 36E

(Principal office address **MUST BE A STREET ADDRESS**)

Singer Island, FL 33404

Enter new mailing address, if applicable:

3000 North Ocean Drive Apt 36E

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

Singer Island, FL 33404

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:

3000 North Ocean Drive Apt 36E

Enter Florida street address

Singer Island

Florida

33404

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

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FROM

(MON) FEB 7 2011 15:12/ST. 15:10/No. 9180091399 P 3

H 11 0000 32511

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

Title	Name	Address	Type of Action
MGRM	Jason Kiner	3000 North Ocean Drive Apt 36E Singer Island, FL 33404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jason Kiner	Same	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 7, 2011.

Signature of a member or authorized representative of a member
Jason Kiner
Typed or printed name of signee

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Filing Fee: \$25.00

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