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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 Fax Number

: (954)472-3124 : (954)323-6301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LC AMND/RESTATE/CORRECT OR M/MG RESIGN CHEN NUEROLOGY SERVICES LLC

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C. LEWIS

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

2011 FEB -3 AM : 28

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

Chen Nuerolo	gy Services, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on the Liability Company)	our records.		
The Articles of Organization for this Limi ted Liability Comp	any were filled on the	Cember 6, 2010	and assigned	
Florida document numberL10000126039				
This amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited lia	bility company here :			
Chen Neurolog	y Services, LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company,	the de signation "L	LC" or the abbreviat ion	
Enter new principal offices address, if applicable:	333 Las Olas V	333 Las Olas Way #2408		
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale,	FL 33301		
	·			
Enter new mailing address, if applicable:	333 Las Olas V	/av #2408		
(Majling address MAY BE A POST OF FICE BOX)		Ft. Lauderdale, Fl. 33301		
		•		
B. If amending the registered agent and/ or registered registered agent and/or the new registered office address here	office address on our r	ecards, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address 333 Las C	333 Las Olas Way #2408			
·	Enter	Florida street addr	ess	
	t. Lauderdale	, Florida	33301	
	City	,	Zip Code	
New Desistant Assets Signature - Culturaing Desistant Asset				

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 dutie s, 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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H 11 0000 28 8463

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being adde d or removed from our records :

<u>le</u>	Name	Address	Type of Action
GRM A	Yaniv Chen	333 Las Olas Way #2408 Et Lauderdale, FL 33301	✓ Add Remove
3R_	Yaniv Chen	Same	Add Remove
			Add Remove
			Add Remove
· 			Add Remove
			Add
famendi	ng any other information, enter	r change(s) here: (Attach additional sheets, if necess	
If amendi	ng any other information, enter	r change(s) here: (Attach additional sheets, if necess	
			ary.)
If amendi	2/02	a member or furtherized representative of a member	