

L10000131732

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEURO HEALTH SERVICES, LLC

Certificate of Status	0
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Page Count	01
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14 MAR 20 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

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Corporate Filing Menu

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2014

Thursday, March 20, 2014

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

NEURO HEALTH 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 12/28/2010 and assigned
Florida document number L10000131732.

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)

Enter new mailing address, if applicable:

(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:

--	--

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

Page 1 of 3

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>
MGRM	HONOR PATERSON	5317 FRUITVILLE RD STE 44	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input checked="" type="checkbox"/> Remove
MGRM	WILLIAM PATERSON	5317 FRUITVILLE RD STE 44	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<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

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

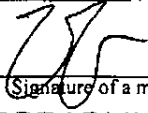
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HONOR PATERSON	5317 FRUITVILLE RD STE 44	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input checked="" type="checkbox"/> Remove
MGRM	WILLIAM PATERSON	5317 FRUITVILLE RD STE 44	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input checked="" type="checkbox"/> Remove
MGRM	NEAL FLANNERY	5317 FRUITVILLE RD STE 44	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34232	<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

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

E. Effective date, if other than the date of filing: _____ (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 03/20, 14



Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN ESQ. AUTHORIZED REP. OF A MEMBER

Typed or printed name of signer

Page 3 of 3

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2014 MAR 20 A 9:18

FILED