L11000066-726

(Requ	estor's Name)	
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SECRETARY OF STATE.

B. BOSTICK

EXAMIN'SR

OCT 1 5 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appear Liability Company)	s on our records.)	· • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Lia Florida document number <u>L11000086726</u>	ability Company	were filed on No	ov. 27 , 2013	an	d assigned
This amendment is submitted to amend the follo	wing:	,			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
NSC Therapy LLC					
The new name must be distinguishable and end with the w	ords "Limited Liab	oility Company," the	designation "LLC" o	r the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		12031 77Th	Street North		
(Principal office address MUST BE A STREET	(ADDRESS)	Largo Fl. 33	773		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				SEGRETARY O	
B. If amending the registered agent and/or the new registered off	ice address her	re:	our records, <u>e</u>	TLOR	me of the ne بب
Name of New Registered Agent:	NSC Thera	PYLLC He	nneth R.	Bry	5t
New Registered Office Address:	12031 77 T	Th Street North Enter Flore	ida street address		
	Largo		, Florid	33773	· ·
		City		Zip (Code

New Registered Agent's Signature, if changing Registered Agent:

Bryant Alternative Health LLC

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager hthorized Member		
<u>Title</u>	Name	Address	Type of Action
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	if other than the date of filing:
date this doc	ment is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2014

BRYANT ALTERNATIVE HEALTH LLC 12031 77TH STREET NORTH LARGO, FL 33773

SUBJECT: BRYANT ALTERNATIVE HEALTH, LLC

Ref. Number: L11000086726

FILED

2011 OCT IN P 3 IN
SEGRETARY OF STATE

We have received your document for BRYANT ALTERNATIVE HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 714A00020876