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COVER LETTER

	egistration Sect ivision of Corpo			
SUBJECT		Neuropsychology, LLC		
SUBJECT	•	Name of Limi	ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please retu	rn all correspond	dence concerning this matter	to the following:	
		Randi McDonald		
			Name of Person	
			D' (6)	
		117 Wilder Street	Firm/Company	
			Address	
		Niceville, Florida 32578		
		mcdonald@cornerstone-np.	City/State and Zip Code	
		-	to be used for future annual report notific	cation)
For further	information cor	cerning this matter, please ca	ill:	
Randi Mc			at ()	
	Name of F	erson	Area Code Daytime	Telephone Number
Enclosed is	s a check for the	following amount:		
\$25.00	Filing 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:

1

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 OF

Cornerstone Neuropsychology, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Plorida document number 1.12000142646	ility Company	were filed on 11/13/2012	and assigned
his amendment is submitted to amend the follow	ing:		
If amending name, enter the new name of th	<u>ie limited liab</u>	ility company here:	
Cornerstone Psychology, LLC			
he new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	4400 E. Highway 20, Suite 408	
	cipal office address MUST BE A STREET ADDRESS)		. 63
Inter new mailing address, if applicable:		4400 E. Highway 20, Suite 408	100 mm
Mailing address MAY BE A POST OFFICE BO) <i>X</i>)	Niceville, Florida 32578	٠,٠
vinning data con military in the control of the con			· 5
			r.)
B. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:			nter the name of the
-		nway 20, Suite 408	
New Registered Office Address:		Enter Florida street address	
	Niceville	, Florid	a 32578
•		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

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			□ Remove
			☐ Change
			Add
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ective date, if other than n effective date is listed, the date te: If the date inserted in the nument's effective date on the	must be specific and is block does not r	d cannot be prior to d meet the applicable	late of filing or more th	(optiona nan 90 days after filir juirements, this da	ig.) Pursua	ant to 605.0 ot be listed
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Filing Fee: \$25.00

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