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(Requestor's Name) (Address) (Address)	500323763995
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sub incer.		A NEUROPSYCHOLOGY	LLC	<b>u</b> ,		ļ	1
SUBJECT:		Name of Lim	ited Liability Company				
. The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	n all correspon	dence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com. Inc.					
			Firm/Company				
		101 N. Brand Blvd., 11t	h Floor				
			Address	<b>a</b> raa a			
		Glendale, CA 91203				Í	
			City/State and Zip C	ode			
		dringulli@bayareancurop	osychology.com to be used for future and	nual report notificati	(01)	21	
For further i	information co	neerning this matter, please c				14F 6102	1
Cheyenne	Moseley		800	773-0888 ext. 9	)724	128	17700000
	Name of	Person	at () Area Code	Daytime Tel	lephone Number		
		following amount:				مز	•
S25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Cop (additional copy i	<u>y</u>	Certified	te of Status &	
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Regi: Divi: Clifte 2661	EET/COURIER . stration Section sion of Corporation on Building Executive Center thassee, FL 32301	ns		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF				
BAY AREA NEUROPSYCHOLOGY, 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  $\frac{12/31/2012}{12}$ and assigned

Florida document number \_\_\_\_\_L12000161929

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 "LLC."

## 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: 3 - 5 -2

			Ĵ	77
Name of New Registered Agent:	Lamar Ingulli			Clauses
New Registered Office Address:	2909 West Bay to Bay Blvd. Suite 200	in an	<b>8</b> _	
	Enter Florida street address		лц.	
	TAMPA Florid:			
	City	- Zip	CER	
evistered Agent's Signature if changing	Dedictored Agent:			

## 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 amendin Authorized	g the Managers or Authorized Member Member being added or removed from	on our records, <u>enter the title,</u> our records:	name, and address of each Manager or
MGR = M			
<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
			Add
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	Page	2 of 3	

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D. 'If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	еў 	
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 tiled by the Florida Department of State) Dated		
Lamar Ingulli Typed or printed name of signee		
		MU 28_P
Page 3 of 3 Filing Fee: \$25.00		H_:55