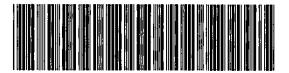
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: NEU	RORA, LLC			
	Name of Lim	nited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	•		
	Tanya Artea	ıga		
		Name of Person		
	Baur & Kleir	ı, PA		
		Firm/Company	5 2	
	100 North B	iscayne Blvd. Sı	uite 2100	:
		Address) _
	Miami, Flori	da 33131	* i **	
	trarteaga@world	City/State and Zip Code Widelaw.com to be used for future annual report not	(fication)	
For further information of	concerning this matter, please c	·		
Tanya Arte	-	_{at} (305 ₎ 377-3	3561	
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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: 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

Neurora, LLC	
(<u>Name of the Limited Liability Company as it not</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file	ed on January 23, 2014 and assigned
Florida document number L14000012925	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany here:
The new name must be distinguishable and end with the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2015
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3**
B. If amending the registered agent and/or registered office add	dress on our records, enter the name of the ne
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

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 Title Name **Address Type of Action** Hilsbos, Patrick 1900 PURDY AVE. #914 **MGRM** MIAMI BEACH, FL 33139 Remove Hilsbos, LLC 1900 PURDY AVE. #914 MGRM MIAMI BEACH, FL 33139 ☐ Remòve □ Add ☐ Remove

☐ Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	• •
ffec ic ef he da	tive date, if other than the date of filing:
atec	1,
	- / / / 7
	Who who
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Patrick Hilsbos, Member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00