

L14 0000 12925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265210050

10/10/14--01007--016 **25.00

FILED
14 OCT 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NEURORA, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. DiSchino, Esq.

Name of Person

DiSchino & Company, PLLC

Firm/Company

3250 NE 1st Avenue, Suite 305

Address

Miami, Florida 33137

City/State and Zip Code

christopher@dischino.co

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. DiSchino

Name of Person

at **561 248-9478**

Area Code

Daytime Telephone Number

Enclosed is 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:

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

(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 1/23/2014 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 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)

3250 NE 1st Avenue

Suite 305

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3250 NE 1st Avenue

Suite 305

Miami, Florida 33137

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: DiSchino & Company, PLLC

New Registered Office Address: 3250 NE 1st Avenue, Suite 305

Enter Florida street address

Miami, Florida 33137

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 10 AM 8:00
FILED

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HILSBOS, LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	BENJAMIN JILLICH		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Patrick Hilsbos	3250 NE 1st Avenue	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Miami, Florida 33137	
MGR	Benjamin Jillich	3250 NE 1st Avenue	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Miami, Florida 33137	
MGR	Michael Hilsbos	3250 NE 1st Avenue	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Miami, Florida 33137	
MGR	Daniel Burstyn	3250 NE 1st Avenue	<input checked="" type="checkbox"/> Add
		Suite 305	<input type="checkbox"/> Remove
		Miami, Florida 33137	

SECRETARY OF STATE
FALL 2010
OCT 10 AM 8:00
FILED

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 October 7 2014



Signature of a member or authorized representative of a member

Patrick Hilsbos

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 OCT 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA