

L 14000031155

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 13 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS 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:

HANS KENNON, ESQUIRE

Name of Person

Firm/Company

20 NORTH ORANGE AVENUE 4TH FLOOR

Address

ORLANDO, FL 32801

City/State and Zip Code

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

For further information concerning this matter, please call:

HANS KENNON

Name of Person

at 407 420-6686

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2014

HANS KENNON, ESQ  
20 NORTH ORANGE AVE 4TH FLOOR  
ORLANDO, FL 32801

SUBJECT: CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS  
LLC  
Ref. Number: L14000031155

We have received your document for CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 114A00010284

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS 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 2/24/2014 and assigned  
Florida document number L14000031155.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

**Name of New Registered Agent:**

N/A

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SEAN LEOTTA</u>	<u>5287 ALHAMBRA DRIVE</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KATHY LEOTTA</u>	<u>5287 ALHAMBRA DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>SEAN LEOTTA</u>	<u>5287 ALHAMBRA DRIVE</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>KATHY LEOTTA</u>	<u>5287 ALHAMBRA DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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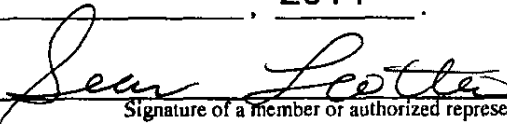
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E. Effective date, if other than the date of filing: MAY 1, 2014 (optional)

(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 MAY 1, 2014

  
Signature of a member or authorized representative of a member


SEAN LEOTTA

Typed or printed name of signee

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14 JUN 13 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**WAIVER OF NOTICE OF SPECIAL MEETING  
OF MEMBERSHIP UNIT HOLDERS  
OF  
CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS LLC**

The undersigned, being all the membership unit holders of Central Florida Neurosurgery and Orthopaedics LLC, a Florida limited liability company, do severally waive all notices of the time, place, and purposes of a special meeting of the membership unit holders of the company and consent that the meeting be held at Central Florida Neurosurgery and Orthopaedics LLC on May 1, 2014, at 2:00 pm to transact such business as may lawfully come before the meeting.

  
Sean Leotta, Manager and Sole Member

**STATEMENT OF CONSENT TO ACTION BY MEMBERSHIP UNIT HOLDERS  
OF  
CENTRAL FLORIDA NEUROSURGERY AND ORTHOPAEDICS LLC**

The undersigned, holding all membership units of Central Florida Neurosurgery and Orthopaedics LLC, a Florida limited liability company, do consent to and take the following action in lieu of holding a meeting of membership unit holders of the company, to have the same effect as action taken at a duly called meeting of membership unit holders at which all units were present:

1 – Sean Leotta ("Leotta"), for One Dollar (\$1.00) and other consideration whose receipt is acknowledged by Kathleen Clements Leotta ("Clements"), as approved and acknowledged by the sole unit holder, Leotta does hereby sell and transfer One Hundred percent (100%) of Leotta's membership units in Central Florida Neurosurgery and Orthopaedics LLC, a Florida limited liability company, to Clements effective as of May 1, 2014.

2 – Leotta shall be removed from the company as Manager and Member.

3 – Clements shall be named as Manager and Member.

Kathleen Leotta  
Kathleen Clements Leotta, D.C.

Sean Leotta  
Sean Leotta

5/1/14  
Date

5/1/14  
Date