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(Address)

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(City/State/Zip/Phone #)

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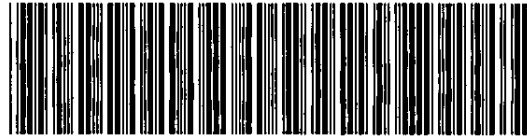
(Business Entity Name)

(Document Number)

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LAW OFFICES OF
LARRY J. LAURENT
A Texas Professional Law Corporation
Cornerstones Office Park
11824 Jollyville Road, Suite 203
Austin, Texas 78759-2300

Tel: (512) 996-8844
Fax: (512) 335-7784

e-mail/web site:
larry@larrylaurent.com
www.laurentlaw.com

July 22, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: Articles of Amendment to Articles of Organization of
Neuropathy Centers, LLC

Dear Sirs:

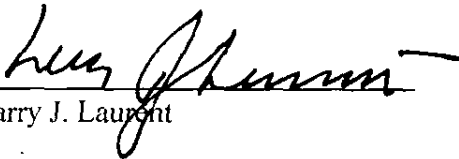
Enclosed please find an original and one (1) copy of the following corporate document to be filed with the Secretary of State:

- a. Articles of Amendment to Articles of Organization of Neuropathy Centers, LLC
(with our firm's check in the amount of - \$55.00)

The enclosed fee includes the cost of the filing fee and to obtain a certified copy of the filing. If possible, please fax a copy of the filed document when same has been approved to my office (512-335-7784).

Thank you.

Yours very truly,
LAW OFFICES OF
LARRY J. LAURENT, P.C.

By: 

Larry J. Laurent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Neuropathy Centers, L.L.C.

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:

Larry Laurent

Name of Person

Law Offices of Larry J. Laurent, PC

Firm/Company

11824 Jollyville Road, Suite 203

Address

Austin, Texas 78759-2300

City/State and Zip Code

larry@larrylaurent.com

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

For further information concerning this matter, please call:

Larry Laurent

Name of Person

512 996-8844

at ()
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**

Neuropathy Centers, L.L.C.

(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 March 31, 2014 and assigned Florida document number L14000051751.

This amendment is submitted to amend the following:

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

Advanced Medical of Florida, LLC

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)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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		_____	☐ Remove

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		_____	☐ Remove

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		_____	☐ Remove

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 July 22, 2014

David C. Magnano DC

Signature of a member or authorized representative of a member

David C, Magnano, DC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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NOTARIAL PUBLIC
DAVID C. MAGNANO, DC
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