

L140000 & 1234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

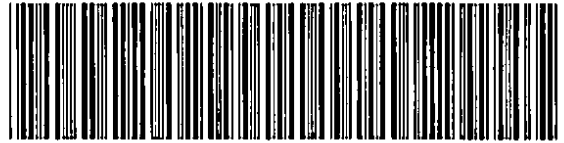
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
19 MAR 13 PM 1:12

Amend

MAR 23 2019

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nirvana Sports Medicine and Rehabilitation Service

\_\_\_\_\_  
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:

Gary Glynn Stiles

\_\_\_\_\_  
Name of Person

Nirvana Sports Medicine and Rehabilitation Services, LLC

\_\_\_\_\_  
Firm/Company

1890 W. County Road 419 Suite 1000

\_\_\_\_\_  
Address

Oviedo, FL 32765

\_\_\_\_\_  
City/State and Zip Code

gstiles@nirvanahealthsystems.com

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

For further information concerning this matter, please call:

Gary Glynn Stiles

407 694-8354  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

19 MAR 13 PM 1:12  
REGISTRATION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

19 MAR 1968

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Oviedo, FL 32765

Oviedo, FL 32765

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Andre Allong	220 East Central Parkway	<input type="checkbox"/> Add
		Suite 2070	<input checked="" type="checkbox"/> Remove
		Altamonte Spring, FL 32701	<input type="checkbox"/> Change
AMBR	Leo Mendez	1890 W. County Road 419	<input type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Change
MGR	Gary Glynn Stiles	1890 W. County Road 419	<input checked="" type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		Oviedo, FL 32765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 8, 2019



Signature of a member or authorized representative of a member

Greg Glyn Sh...  
Typed

Typed or printed name of signee