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## **COVER LETTER**

SUBJECT:	Nirvana Spo	orts Medicine and Rehabilitati	on Service			
SUBJECT.	-	Name of Lim	nited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Gary Glynn Stiles				
			Name of Person			
		Nirvana Sports Medicine a	and Rehabilitation Services, LLC			
Firm/Company						
	1890 W. County Road 419 Suite 1000					
			Address			
		Oviedo, FL 32765				
		gstiles@nirvanahealthsyster	City/State and Zip Code	<del></del>	ي نائد جيد ا	ъ.
		E-mail address: (	to be used for future annual report notific	ation)	(D)	
For further in	nformation co	oncerning this matter, please ca	all:		19 MAR 13	: ::-
Gary Glynn	Stiles		407 694-8354 at ()		77	10,
	Name of	Person	Area Code Daytime T	elephone Number		19日本 19日本 19日本 19日本 19日本 19日本 19日本 19日本
Enclosed is a	check for th	e following amount:				75 75
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Nirvana Sports Medicine and Rehabilitation Services, 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 05/20/2014 Florida document number  $\frac{L14000081234}{}$ 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1890 W. County Road 419 Enter new principal offices address, if applicable: Suite 1000 (Principal office address MUST BE A STREET ADDRESS) Oviedo, FL 32765 1890 W. County Road 419 Enter new mailing address, if applicable: Suite 1000 (Mailing address MAY BE A POST OFFICE BOX) Oviedo, FL 32765 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

## 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_

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>	Type of Action
MGR	Andre Allong	220 East Central Parkway	
		Suite 2070	
			= Remove
		Altamonte Spring, FL 32701	□ Changa
	Leo Mendez	1890 W. County Road 419	□ Change
AMBR	Let Mendez	1076 W. County Road 117	Add
		Suite 1000	
			□ Remove
		Oviedo, FL 32765	
			Change
MGR	Gary Glynn Stiles	1890 W. County Road 419	
		2	<b>_B</b> Add
		Suite 1000	<b>-</b> .
		Oviedo, FL 32765	Remove
		(WRd0.1E 32703	Change
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an effective date is ote: If the date	other than the da listed, the date must be inserted in this block ive date on the Depar	specific and c does not me	cannot be prior to eet the application				
e record spec The 90th day	ifies a delayed ef after the record	fective da is filed.	ate, but not	an effectiv	e time, at 1	2:01 a.m. c	n the earlier (
March 8		,	2019	<u> </u>			
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	trat ein	nature of a m	ember or autho	rized representa	tive of a membe		
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Filing Fee: \$25.00