

L14000139909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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OCT 27 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN NEUROSCIENCE 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:

MAX A. ADAMS, ESQ.

Name of Person

THE MEDILAW FIRM

Firm/Company

325 ALMERIA AVENUE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

angie@themedilawfirm.com

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

For further information concerning this matter, please call:

Angela Perez

Name of Person

at **305** **444-3484**

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

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TALLAHASSEE, FLORIDA

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

AMERICAN NEUROSCIENCE 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 08/29/2014 and assigned Florida document number L14000135909.

This amendment is submitted to amend the following:

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

AMERICAN NEUROSCIENCE PLLC

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)

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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:

LAW OFFICES OF MAX A. ADAMS ESQ PLLC

New Registered Office Address:

325 ALMERIA AVENUE

Enter Florida street address

CORAL GABLES

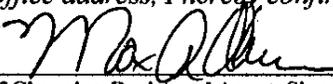
City

Florida 33134

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>
MGR	Ingrid Costell	9970 Central Park Blvd, Ste 207	<input type="checkbox"/> Add
		Boca Raton, Florida 33428	<input checked="" type="checkbox"/> Remove
MGR	Jill Stanzione	9970 Central Park Blvd, Ste 207	<input type="checkbox"/> Add
		Boca Raton, Florida 33428	<input checked="" type="checkbox"/> Remove
MGR	Michele L. Nestic	9970 Central Park Blvd, Ste 207	<input type="checkbox"/> Add
		Boca Raton, Florida 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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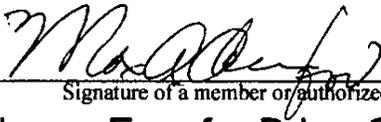
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The specific purpose of this entity is a super group of Neurologists. It is for the purpose of healthcare & medicine.

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 September 15, 2014



Signature of a member or authorized representative of a member

Max A. Adams, Esq. for Brian Costell

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2014

MAX A. ADAMS, ESQ.
THE MEDILAW FIRM
325 ALMERIA AVENUE
CORAL GABLES, FL 33134

SUBJECT: AMERICAN NEUROSCIENCE, LLC
Ref. Number: L14000135909

We have received your document for AMERICAN NEUROSCIENCE, 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):

The specific purpose of the entity must be set forth in the document.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 214A00020833

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