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NUG 21 2015 J. HARRIS CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 749993 8023663
AUTHORIZATION: Smell bleman
COST LIMIT : (\$\25.00
ORDER DATE : August 17, 2015
ORDER TIME : 4:22 PM
ORDER NO. : 749993-010
CUSTOMER NO: 8023663
DOMESTIC AMENDMENT FILING
NAME: BRAIN THERAPY CENTER, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Courtney Williams -- EXT# 62935

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, Florida	
New Registered Office Address.	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:	1	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the ne
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Dallas, TX 75230	
Enter new mailing address, if applicable:		
	5964 Azalea LN	
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32792	<u> </u>
Enter new principal offices address, if applicable:	2111 Glenwood Drive, Suite 205	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e abbreviation "L.L.C."
PLASTICITY BRAIN CENTER OF ORLANDO, LLC		
A. If amending name, enter the new name of the limited liab	pility company here:	
This amendment is submitted to amend the following:		
Florida document number L15000053332		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
(Name of the Limited Liability Comp.	nny as it now appears on our records.) Liability Company)	

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			D Add
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n effec	e date, if other than the date of filing:	's after filing.) Pursuant to 60	05.02
cumer	the date inserted in this block does not meet the applicable statutory filing requirement it's effective date on the Department of State's records.	s, this date will not be lis	sted
reco	rd specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earl	lier
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	Signature of a member or authorized representative of a member	6 AUG 20	2.50
The 9	Signature of a member or authorized representative of a member  Michael R. Budagher, Manager	O AUG ZO AH	

Page 3 of 3

Filing Fee: \$25.00