

1500085456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

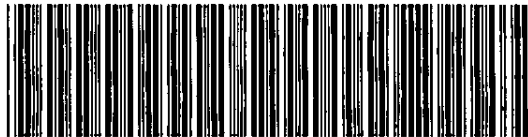
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2016 MAY 23 A 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2016

SWANSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neurology Research Institute Palm Beach 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:

Carol H Terrell
Name of Person

Neurology Research Institute
Firm/Company

4031 N. Congress Ave St 200
Address

West Palm Beach FL 33407
City/State and Zip Code

JTer1998 @ AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol H Terrell at (661) 296-3822
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

CAROL H JERRELL
4631 N CONGRESS AVENUE STE 200
WEST PALM BEACH, FL 33407

SUBJECT: NEUROLOGY RESEARCH INSTITUTE PALM BEACH LLC
Ref. Number: L15000085456

2016 MAY 23 PM 2:46
RECEIVED
TALLAHASSEE, FLORIDA

We have received your document for NEUROLOGY RESEARCH INSTITUTE PALM BEACH LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 MISSING

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00009834

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

NEUROLOGY RESEARCH INSTITUTE PALM BEACH 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 5/14/15 and assigned
Florida document number L15000085456.

This amendment is submitted to amend the following:

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

NEUROLOGY RESEARCH INSTITUTE LLC

The new name must be distinguishable and contain 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

City

Florida

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

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TALLAHASSEE, 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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

216 MAY 23 A 9:31
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TALLAHASSEE FLORIDA
FILED

[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

May 16, 2016

Signature of a member or authorized representative of a member

Carol H Jerrell

Typed or printed name of signee

Filing Fee: \$25.00

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2015 MAY 23 A 9:31
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TALLAHASSEE, FLORIDA