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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Neurology Specialists of Florida, 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:
Michelle A. Ferreira
Neurology Specialists of Florida, LLC
9970 Central Pack Blvd., Ste. 207
Buca Raton, FZ 33428
City/State and Zip Code Merreira @ teneurology. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michele Nesic at (SUI) 482-1027 X Co Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectified Copy (additional copy is enclosed) \$25.00 Filing Fee Sectified 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neurology Special.	ists of Forida, LLC
(Name of the Inmited Liability Co (A Florida Limi	inted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on $01/10/3018$ and assigned
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 I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ALL APPLIANCE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 3: 54
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 = Manager AMBR = Authorized Member **Type of Action** Title Michelle A. Ferreira 9970 Central Park Blid / Ste. 207 Boca Raton F 33428 Change Michele Nesic 9970 Central Pack Blvd. DAdd BOCA ROTON, TE 33428 Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add

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effective date, if other than the date of filing: 4/23/3018 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	suant to 605.0207 (not be listed as the
record specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the 90th day after the record is filed.	the earlier of:
d April 23 . 2018	
Signature of a member of anthopized representative iff a member	

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Filing Fee: \$25.00