

L15000101665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

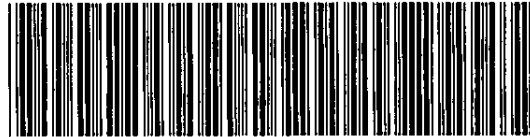
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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N COOPER

MAY 01 2018

## 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  
Name of Person

Neurology Specialists of Florida, LLC  
Firm/Company

9970 Central Park Blvd., Ste. 207  
Address

Boca Raton, FL 33428  
City/State and Zip Code

mferreira@fnNeurology.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Nesic at (561) 482-1027 x 40  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Neurology Specialists of Florida, LLC  
(Name of the limited liability company as it now appears on our records.)  
(A Florida limited liability company)

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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>
<u>Dr.</u>	<u>Michelle A. Ferreira</u>	<u>9970 Central Park Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Ste. 207</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, FL 33428</u>	<input type="checkbox"/> Change
	<u>Michele Nesic</u>	<u>9970 Central Park Blvd</u>	<input type="checkbox"/> Add
		<u>Ste. 207</u>	<input checked="" type="checkbox"/> Remove
		<u>Boca Raton, FL 33428</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: 7/23/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 23, 2018

Signature of a member or authorized representative of a member

Michelle A. Ferreira DO

Typed or printed name of signee