15000101665

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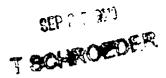
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COVER LETTER

Division of Corp	porations		
SUBJECT: Neu	rology Sp	ecialists of	florida LLC
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		A Ferreira Name of Person	
	Neurologu	Specialists of	TTIVIUU LLC
	<u>5350 W</u>	est hillsbord R	801# bul
	COCONUT (Creek FL 33013 City/State and Zip Code	<u></u>
	neurology S	oecialists <u>Afloria</u> to be used for nature annual report notific	da <u>@gmail</u> .com
For further information co	oncerning this matter, please co	ul):	
Michelle A	1. Ferreivo	at (<u>454</u>) <u>296</u> Area Code Daytime	relephone Number
Enclosed is a check for th	e 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)
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 ${\bf MAILING~ADDRESS};\\$

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L15000101665</u> 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 Liability Company," the designation "LLC 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) 11 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:

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name AA i i i i i i i i i i i i i i i i i i	Address 5350 W. Hillsburd Blvd 5350 W. Hillsburd Blvd COCONUT CYPEK, FL 33013
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an effective date is ote: If the date i	other than the date listed, the date must be sp userted in this block do we date on the Departu	pecific and car nes not mee	nnot be prior to t the applicabl	date of filing or le statutory fil	more than 90 days	optional) s after filing.) Pus s, this date will	rsuant to 601 not be list	5,020 .ed a
	fies a delayed effer after the record i		e, but not a	an effective	time, at 12:	01 a.m. on	the earli	er o
ated Seok	mber 17	·	2019		/			
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Page 3 of 3

Filing Fee: \$25.00