

L16000057793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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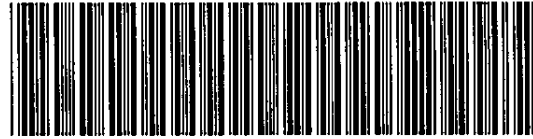
(Business Entity Name)

(Document Number)

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S. YOUNG

17 JAN -4 PM 4:40

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEURO-BEHAVIORAL REHABILITATION INSTITUTE, 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:

Felimon P. Trujillo

Name of Person

NEURO-BEHAVIORAL REHABILITATION INSTITUTE, LLC

Firm/Company

13314 SW 128 PASSAGE

Address

Miami, FL 33186

City/State and Zip Code

fptrujillo@gmail.com

E-mail address. (Do not be used for future annual report modification.)

For further information concerning this matter, please call:

Felimon Trujillo

Name of Person

at (205)

Area Code

772-1340

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

FILED
STANDARD OF STATE
FALL 1993
17 JAN -4 PM 4:40

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

NEURO-BEHAVIORAL REHABILITATION INSTITUTE, 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 03/22/2016 and assigned Florida document number L16000057793.

This amendment is submitted to amend the following:

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

NONE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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:

NONE

New Registered Office Address:

Enter Florida street address

Florida

City

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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	JAYLRO I. DQUINO	13316 SW 128 PASSAGE	☐ Add
		MURRAY PL- 33186	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

17 JAN - 11 PM 4:00
SECRETARY OF STATE
FACILITY SECURITY SERVICE

77 JAN -4 PM

17 JAN-4 PM 4:40

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322
UCBAW/STP/PLD/STP

(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.

Dated December 30/ 2014

[Signature]

Signature of a member or authorized representative of a member

Follow P. Treviño

Typed or printed name of signer