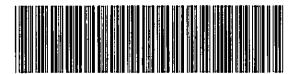
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corpor	rations		
SUBJECT:	leuro Leet A	Associates LLC	
	Name of Lit	mited Liability Company	
The enclosed Articles of Am	endment and fee(s) are su	bmitted for filing.	
Please return all corresponde	ence concerning this matter	r to the following:	
	Sus	shma Manda Name of Person	
	Newrolect	Associates LLC Firm/Company	
		Firm/Company	
	7113 Sand	Lake Reserve D	n #2110
	Orlando	FL 32819 City/State and Zip Code Ni / Aj @ 9 Mail - Lo (to be used for future annual report notifi	1
	0 1	City/State and Zip Code	,
_	Susv	rivay (a) gmay - Lo	MV.
	E-man address:	(to be used for future annual report from)	canon)
For further information conc	erning this matter, please	cail:	
Sushma	Manda	at (315) 313 (	0146
Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing 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		Strast Addrage	

TO:

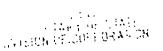
Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Neurole	et Asso	ciates, LL		21 APR 19	AH11: 29
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on	3/24/2014	and a	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil				
Enter new principal offices address, if application of the control		7113 San Apt# 3 Orlando	d lake 2110 , FL 32	Reserv 2819	edr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	7113 San Apt#2 Orlar	d læke 110 Ido FL		
B. If amending the registered agent and/or re agent and/or the new registered office addres	-	address on our reco	rds, <u>enter the n</u>	ame of the n	ew registered
Name of New Registered Agent: New Registered Office Address:	7113 8a	nd lake  Enter Florida  City	Reserve street address	dr, A	pt#211C
	orlan	do	, Florida	37	-819
New Registered Agent's Signature, if changing R				гар Соа	e

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  Authorized Member		AVISUNAF DELOKA	() ·
<u>Title</u>	Name	Address	21 APR 19 AH II	: 29 Type of Action
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nending any other information, enter change(s) here:	рамин ининтопия эпесы	arzision uf C	064 06 A 1 8
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fective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to  If the date inserted in this block does not meet the applicabment's effective date on the Department of State's records.			
rd specifies a delayed effective date, but not an effective time		er of: (b) The	90th day after
4/9/2021	·· .		
1	(1)		
Signature of a member or authorize	// -	er	