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(Red	questor's Name)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

tion Section of Corporations			
Brandon, LLC			
Name of Lin	ited Liability Company	· · ·	
cles of Amendment and fee(s) are sub	emitted for filing.		
orrespondence concerning this matter	to the following:		
Angela Allen			
	Name of Person		
NSI Brandon, LLC			
1110 1/2 1 11/2 1/4	Firm/Company		
1118 Kyle Wood Lane			
Tampa FL 33511	Address		
	-		•
aallen@healthnsi.com	City/State and Zip Code		,
E-mail address: (to be used for future annual report notifi	cation)	<u> </u>
nation concerning this matter, please c	all:		. ~ }
	727 286-6203 ai ()		دم
Name of Person	Area Code Daytime	Telephone Number	
ck for the following amount:			
Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Copy	Status & y
Fee		Certificate of Status Certified Copy	Certificate of Status Certified Copy Certificate of Status

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

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>	Type of Action
MGR	Eric Edgerton	1118 Klye Wood Lane Tampa, FL 33511	■ Add
			☐ Remove
			☐ Change
Mgr	Vincent Depasquale	1118 Klye Wood Lane Tampa. FL 33511	□ Add
			■ Remove
			☐ Change
		<u> </u>	Add
			□ Remove
			: Change
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			☐ Change

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fective date, if other than the date of filing: 10/04/2018 (optional)				
In effective date, if other than the date of filing: In 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 605.020 date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. The specifies and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.			_	
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Mi ChA	etc: If the date inserted in this blecument's effective date on the Director of the properties of t	ock does not meet the applicable statutory filing require partment of State's records. Feffective date, but not an effective time, a	ements, this date will not b	e listed as
Signature of a member or authorized representative of a member	October 4	2018		
Signature of a member or authorized representative of a member		hi ChA		
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	\ (10	Edgetton Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00