

L17000056528

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TALLAHASSEE, FLORIDA

AUG 16 2017

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TO: Registration Section
Division of Corporations

SUBJECT: INSTITUTE OF PEDIATRIC NEUROSCIENCES 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:

DR. EDGARD ANDRADE

Name of Person

INSTITUTE OF PEDIATRIC NEUROSCIENCES OF FLORIDA, PLLC

Firm/Company

1315 SE 25TH LOOP, UNIT 104

Address

OCALA, FLORIDA 34471

City/State and Zip Code

OLBANY@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rupa S. Lloyd, Esq.

352 416-0078

at ()

Name of Person

Area Code

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

**ARTICLES OF ORGANIZATION
OF**

INSTITUTE OF PEDIATRIC NEUROSCIENCES OF FLORIDA 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 03/10/2017 and assigned
Florida document number L17000056528.

This amendment is submitted to amend the following:

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

INSTITUTE OF PEDIATRIC NEUROSCIENCES OF FLORIDA, PLLC

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

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:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	LIDA E ANDRADE	1315 SE 25 LOOP, UNIT 104	<input type="checkbox"/> Add
		OCALA, FL 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALLAHASSEE, FLORIDA
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This Professional Limited Liability Company, organized pursuant to chapters 605 and 621, Florida Statutes,
is formed for the sole and specific purpose of rendering professional medical services and has as its members
only other professional limited liability companies, professional corporations, or individuals who themselves are
duly licensed or otherwise legally authorized to render the same professional service as the PLLC.

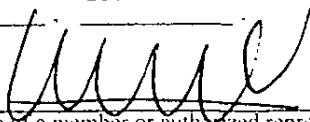
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 9 2017



Signature of a member or authorized representative of a member

DR. EDGARD ANDRADE

Typed or printed name of signee

17 AUG 14 AM 11:49
DEPT OF STATE
TALLAHASSEE, FLORIDA