

LI7000/162977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

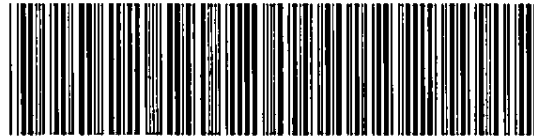
(Business Entity Name)

(Document Number)

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17 NOV 20 AM 9:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Neuropsychological Services, (CNS), 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:

Ana Santana

Name of Person

Center for Neuropsychological Services, (CNS), LLC

Firm/Company

950 S Pine Island Rd, Ste A150

Address

Plantation, FL 33324

City/State and Zip Code

neuro@dranasantana.com

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

For further information concerning this matter, please call:

Ana Santana

Name of Person

at (954)

Area Code

895-0409

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L17000162977

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

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City:

Zip Code

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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RODNEY ELMORE	950 S Pine Island Rd Ste A-150	<input checked="" type="checkbox"/> Add
		Plantation, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF MAIL
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an extension has been obtained, state the date of expiration of the extension.)

(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 11/16/17

[Handwritten signature] J.D.

Signature of a member or authorized representative of a member

Ana Santana

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000162977
FILED 8:00 AM
July 31, 2017
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

CENTER FOR NEUROPSYCHOLOGICAL SERVICES (CNS), LLC

Article II

The street address of the principal office of the Limited Liability Company is:

950 S. PINE ISLAND RD
A-150
PLANTATION, FL. 33324

The mailing address of the Limited Liability Company is:

950 S. PINE ISLAND RD
A-150
PLANTATION, FL. 33324

Article III

The name and Florida street address of the registered agent is:

ANA SANTANA
950 S. PINE ISLAND RD
A-150
PLANTATION, FL. 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANA SANTANA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ANA SANTANA
950 S. PINEISLAND RD, A-150
PLANTATION, FL. 33324

L17000162977
FILED 8:00 AM
July 31, 2017
Sec. Of State
cmwood

Article V

The effective date for this Limited Liability Company shall be:

07/30/2017

Signature of member or an authorized representative

Electronic Signature: ANA SANTANA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.