

L17000257756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800306995348

12/27/17--01033--006 **60.00

FILED
18 JAN 17 PM 5:42
JAN 18 2018

S. WARREN

JAN 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2017

JEFFREY NOON
516 YORK STREET
GULF BREEZE, FL 32561

SUBJECT: SPINAL CENTERS NEUROLOGIC SERVICES LLC
Ref. Number: L17000257756

We have received your document for SPINAL CENTERS NEUROLOGIC SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST NOTE ON AMENDMENT FOR WHAT MAKES THE ENTITY A PLLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00026274

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spinal Centers Neurologic Services 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:

Jeffrey Noon
Name of Person

Firm/Company

516 York St
Address

Gulf Breeze, FL 32561
City/State and Zip Code

DOCNOON64@Gmail.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Noon at (850) 377-1806
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

Spinal Centers Neurologic Services PLLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Spinal Centers Neurologic Services PLLC

Page 1 of 3

8 JAN 17 5:42

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

18 JAN 17 11:51:42
FBI - JEFFERSON COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1/8/18 We are Amending this entity from a LLC to a PLLC because it is required as a Medical Neurologic bylaws. This entity will Medically examine, Diagnose and treat under a Medical License, in the State of Florida, regulated by Dept of Professional Regulation

E. Effective date, if other than the date of filing: 1-1-18 (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 12-20-17



Signature of member or authorized representative of a member

Jeffrey Noon

Typed or printed name of signer

18 JAN 17 PM 5:42
FILED
CLERK OF THE COURT
JAN 17 2018
TALLAHASSEE, FLORIDA