

118000029453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

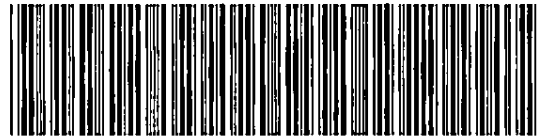
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE
12/17/18--01023--00

K SALY
JAN 4 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nerve and Laser Institute clermont 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:

Paul Sorchy

Name of Person

Firm/Company

1705 E. Hwy 50

Address

clermont, FL 34711

City/State and Zip Code

DrSorchy@icloud.com

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

For further information concerning this matter, please call.

Paul Sorchy

Name of Person

at (407)

Area Code

832-4572

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

Nerve and Laser Institute LLC

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

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S. C. HALL
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/1/18 and assigned
Florida document number L18000029453

This amendment is submitted to amend the following:

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

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:

PAUL Sorochy

New Registered Office Address:

1705 E. Hwy 50

Enter Florida street address

Clermont

City

Florida

34711

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.

Paul Sorochy

If Changing Registered Agent, Signature of New Registered Agent

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

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18 DEC 17 AM 1:03
FBI - NEW YORK

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.

(b) The 90th day after the record is filed.

Dated 12-11- 2018

Paul Sorby

Signature of a member or authorized representative of a member

Pen So-chy

Typed or printed name of signee



Denek Brtner