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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Central Florida Name of	- Concussion Limited Liability Company	Institute LLC
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
	Name of Person	
<u>Centro</u>	I Florida Con Firm/Company	cussion Institute
305-	-B Main St.	
	Address	
_ Aubu	city/State and Zip Code	3823
	City/State and Zip Code LVE Physical me is: (to be used for future annual repo	dicine @ gmail. com
For further information concerning this matter, pleas		
Angela Westmoreland Name of Person	at (863) 2 Area Code	47-8167 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	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Con	cussion Institute LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 49 000181034.	were filed on July 15, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	PS 2
Enter new mailing address, if applicable:	RETURN OF THE
(Mailing address MAY BE A POST OFFICE BOX)	STAFT OA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	y zy cine

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

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>	Address	Type of Action
MGR	Lee Westmoreland	305 Main St, Ste B	
		305 Main St, Ste B Auburndale, FL 3382	3 □ Remove
			A Change Title
			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			_□ Remove
			☐ Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	I originally designated Lee Westmoreland as an
	I originally designated Lee Westmoreland as an Authorized Representative. Please change his title to Manager. Thank you.
_	to Manager Thank up
_	to Manager. I hank you.
-	
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	July 29 . 2019
	Signature of a member or authorized representative of a member
	Angela Westmoreland Typed or printed name of signee

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Filing Fee: \$25.00