

L20000184022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

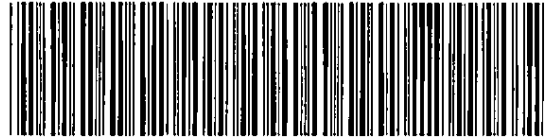
(Business Entity Name)

(Document Number)

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2023 NOV 17 PM 12:46

cf 12/2/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pioneer NeuroHealth 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:

James Griffith  
Name of Person

Pioneer NeuroHealth  
Firm/Company

13067 N Telecom Parkway  
Address

Tampa FL 33637  
City/State and Zip Code

jgriffith@pioneerhealthfl.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pioneer NeuroHealth LLC

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

11:46

The Articles of Organization for this Limited Liability Company were filed on June 30, 2020 and assigned Florida document number 220000184022.

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:

New Registered Office Address:

*Enter Florida street address*

City, Florida 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**

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>
<u>MBR</u>	<u>Syed Ali LLC</u>	<u>17324 Ballmont Park Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Odessa, FL 33556</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Casey Rd Management</u>	<u>12640 Casey Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33618</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>David Decker</u>	<u>12640 Casey Rd</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33618</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>Syed Ali</u>	<u>17324 Ballmont Park</u>	<input type="checkbox"/> Add
		<u>Odessa, FL 33556</u>	<input type="checkbox"/> Remove
			<input checked="" 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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. At the top left corner, there are some faint, dark marks that appear to be staple holes or punch marks. The overall appearance is that of a standard piece of stationery or notebook paper.

(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)

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 November 1, 2023

  
Signature of a member or authorized representative of a member

Syed Ali