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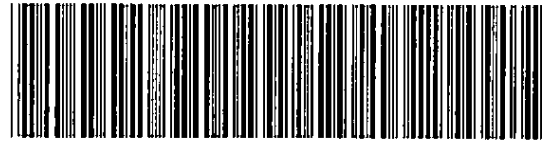
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2021 NOV 10 AM 8:49
SEC. OF STATE
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SVETLANA MASGUTOVA EDUCATIONAL INSTITUTE®
FOR NEURO-SENSORY-MOTOR REFLEX INTEGRATION, LLC

November 8, 2021

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Addendum of Annual Report to update address, FEIN and slight
name correction - Florida document number L21000121859

Dear Sir/Madam,

Enclosed for filing is an Articles of Amendment for SVETLANA
MASGUTOVA EDUCATIONAL INSTITUTE FOR NEURO--SENSORY-
MOTOR AND REFLEX INTEGRATION, LLC.

We have moved our company. The FEIN was accidentally left off in the
conversion from a Nevada to Florida. As well, an extra hyphen was added in
after Neuro, so I asked for that to be corrected as well.

Enclosed is a check in the amount of \$30.00 for the Filing Fee & Certificate of
Status.

Please contact me at 914-329-3314 if you have any questions.

Thank you,

Geri Brady
Registered Agent

COVER LETTER

**TO: Registration Section
Division of Corporations**

SVETLANA MASGUTOVA EDUCATIONAL INSTITUTE FOR NEURO-SENSORY-MOTOR AND REFLEX INTEGRATION, LLC

SUBJECT: _____
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:

Geri Brady

Name of Person

SMEI

Firm/Company

6274 Drake St

Address

Jupiter, FL 33458

City/State and Zip Code

geri@masgutovafoundation.org

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

For further information concerning this matter, please call:

Geri Brady

914 329-3314

at ()

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 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**

SVETLANA MASGUTOVA EDUCATIONAL INSTITUTE FOR NEURO-SENSORY-MOTOR AND REFLEX INTEGRATION, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/05/2007 and assigned
Florida document number L21000121859.

This amendment is submitted to amend the following:

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

SVETLANA MASGUTOVA EDUCATIONAL INSTITUTE FOR NEURO-SENSORY-MOTOR AND REFLEX INTEGRATION, LLC

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:

5323 Millenia Lakes Blvd.

Suite 300

Orlando, FL 32839

(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

Florida

City

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>
MGR	MASGUTOVA, SVETLANA	5323 Millenia Lakes Blvd.	<input type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Orlando, FL 32839	<input checked="" type="checkbox"/> Change
MGR	CURLEE, PAMELA	5323 Millenia Lakes Blvd.	<input type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Orlando, FL 32839	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

ADD FEIN NUMBER THAT WAS OMITTED IN CONVERSION: 26-0505660

NOVEMBER 1, 2021

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.

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.

NOVEMBER 8

2021

Dated _____



Signature of a member or authorized representative of a member

GERI BRADY

Typed or printed name of signer

Filing Fee: \$25.00