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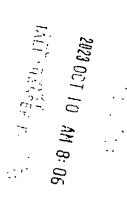
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COVER LETTER

TO:	Registration Se Division of Cor		-	•			
		YCHOLOGICAL TRAINING	CENTER USA LLC				
SUBJE	CT:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		CLAUDIO LOPEZ					
			Name of Person				
		NEUROPSYCHOLOGICA	AL TRAINING CENTER USA LLC				
		1000 W PEMBROKE ROAD					
		-	Address				
		HALLANDALE FL 33009)				
			City/State and Zip Code				
		ADM@SPORTBRAINCENTER.COM E-mail address: (to be used for future annual report notification)					
For furtl	her information co	n-mail address: (oncerning this matter, please c	•	auonj			
CLAUI	DIO LOPEZ		754 465-6046				
	Name o	Person	at () Area Code Daytime 1	Felephone Number			
Enclose	d is a check for th	e following amount:					
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

NEUROPSYCHOLOGICAL TRAINING CENTER USA 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 $\frac{10/06/2021}{10/06/2021}$ _ and assigned Florida document number 1.21000439425 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 "LLC." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BRAULIO M PEREZ	949 BLUEWOOD TERRACE	
		WESTON FL 33327	■Remove
			CChange
AMGR	BRAULIO M PEREZ	949 BLUEWOOD TERRACE	□Add
		WESTON FL 33327	Remove
			□Change
MGR	CLAUDIO A LOPEZ	714 HERITAGE DR	■Add
		WESTON FL 33326	□Remove
			□Change
·····			□Add
			□Remove
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		10/06/2023		, ,			
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cord specifies a delayed effect s filed.	ive date, but not ar	effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th	day afte	r the
ed OCTOBER 5	1	20 23					
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X							

Filing Fee: \$25.00