

L21000439425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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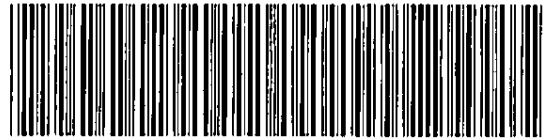
(Business Entity Name)

(Document Number)

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F. 103

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEUROPSYCHOLOGICAL TRAINING CENTER USA 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:

CLAUDIO LOPEZ

Name of Person

NEUROPSYCHOLOGICAL TRAINING CENTER USA LLC

Firm/Company

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 further information concerning this matter, please call:

CLAUDIO LOPEZ

754 465-6046  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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	BRAULIO M PEREZ	949 BLUEWOOD TERRACE	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	BRAULIO M PEREZ	949 BLUEWOOD TERRACE	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIO A LOPEZ	714 HERITAGE DR	<input checked="" type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2023 OCT 10 AM 8:06  
FALLAH, ASSEF, A. A.

E. Effective date, if other than the date of filing: 10/06/2023 (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.

Dated OCTOBER 5 1 1 2023



Signature of a member or authorized representative of a member

CLAUDIO A LOPEZ

Typed or printed name of signee

**Filing Fee: \$25.00**