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(Re	equestor's Name)	
 	 	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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(Bu	usiness Entity Nar	me)
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T. MATTHEWS

DEC 20 2021

COVER LETTER

TO:

Tallahassee, FL 32314

	istration Se ision of Cor		•		•
SUBJECT:	NEO G FL	, LLC		•	
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Tracey Darroll			
			Name of Person		
		Blue Iris			
		 -	Firm/Company		
		300 SE 5th Ave. #4100			
			Address		
		Boca Raton, FL 33432			
		tdarroll@yahoo.com	City/State and Zip Code		
			to be used for future annual re	port notification	1)
For further in	iformation c	oncerning this matter, please co	all:		
Tracey Darr	oll		561 843- at ()	-2633	
	Name o	f Person	Area Code	Daytime Telep	olione Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Add		
	gistration S vision of C	section orporations	=	ion Section of Corporat	ions
). Box 632			tre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 000 -3 7012: 15

NEO G FL, LLC

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

The Amilatan are a material and a late of the state of the extension		November 18, 2021	, . ,
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.21000497289}{1.21000497289}$.	any were filed on <u>-</u>		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited I.	.iability Company," the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	īce address on our	records, enter the nam	e of the new registere
Name of New Registered Agent:		 	
New Registered Office Address:	Enter Fl	lorida sireei address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance o as provided for in	of my duties, and 1 am f Chapter 605, F.S. Or,	familiar with and if this document is
IFC	Changing Registered /	Agent, Signature of New Reg	gistered 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>	Type of Action
MGR	MGR Beverly Hills Medical Plaza Proper	300 SE 5th Ave. #4100	
		Boca Raton, FL 33432	≣Remove
MGR	MGR BHMP, LP	300 SE 5th Ave. #4100	= Add
		Boca Raton, FL 33432	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			
			□Remove
		- 20	☐ Change
			□Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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lf an effect <u>Note:</u> H	e date, if other than the date of filing:
e record s rd is filed	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
Dated	DECEMBER 3 2021
	Signature of a member of authorized representative of a member
	Tracey Darroll Typed or printed name of signee

Filing Fee: \$25.00