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(Requestor's Name)  (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: MIND B	ODY NEUROLOGY, PLLC	•		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspondence concerning this matter to the following:				
		ZUBKOV, ALEXANDER Y		
		Name of Person		
	M	IND BODY NEUROLOGY, PLI	_C	
		Firm/Company		
		11500 WAYZATA BLVD, #1109		
		Address		
		MINNETONKA, MN 55305		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information co	ncerning this matter, please ca	all:		
AVERY COTTRELL  Name of Person		at ( <u>888</u> ) <u>899-226</u> Area Code Daytin	2 ne Telephone Number	
		·	•	
Enclosed is a check for the	c 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	<u>:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MIND BODY NEUROLOGY, PLLC

2023 CCT 16 PH 12: 08

(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 DECEMBER 23, 2021	and assigned
lorida document number <u>L22000002769</u>	were med on	and assigned
- · · · · ·		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	ntion "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, enter the name of	the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida Ciņ: Zi	p Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th	iar with and is document is
If Chan	ging Registered Agent, Signature of New Registers	d Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
AMBR	UBERTAS EXPRESS TRUST	11500 WAYZATA BLVD. #1109 MINNETONKA, MN 55305	≣Add
			□Remove
			□Change
<del>-</del>			
		<del></del>	□Remove
			□Change
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<del></del>			□ Add
		<del></del>	□Remove
			□Change

Fective date, if other than the date of filing: September 30, 2023 (optional) an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 one; If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.				
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		re date, but not an effective tin	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
September 30th	sted September 30th	. 2023		
Signature of a member or authorized representative of a member	Bynd	Signature of a member or author	rized representative of a member	
Zubkov, Alexander Y. Typed or printed name of signee		Zuhkov, Al	lexander Y.	

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Filing Fee: \$25.00