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DIVISION OF CORPURATIONS

22 APR 11 PM 12: 30

T. MATTHEWS APR 27 2022

COVER LETTER

	Registration Se- Division of Cor			
elib ita	Florida Neu	ropsychology Specialists, LLC		
SUBJECT: Name of Limited Liability Company				
The enclo	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Dr. Morgan K. Kocpper		
			Name of Person	
		Florida Neuropsychology S	pecialists, LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1111 SE Federal Highway S	Suite 212	
			Address	
		Stuart Florida 334994	34994	
			City/State and Zip Code	
		drkoepper@flneuropsychspe		
		E-mail address: (to	be used for future annual report no	tification)
For furth	er information ce	oncerning this matter, please ca	11:	
Dr. Morg	gan Koepper		860 335-0435 at ()	
	Name of	Person		me Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		d-eck-	# 105	
	Mailing Address Registration S Division of Co P.O. Box 632	fection orporations	Street Address: Registration S Division of Co The Centre of	orporations
	Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

FILED JECKETARY OF STAFE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

22 APR 11 PM 12: 30

Florida Neuropsychology Specialists, LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 88-0913294	wwere filed on 1/25/2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1111 SE FEDERAL HIGHWAY SUITE 212 STUART FLORIDA 34994	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1111 SE FEDERAL HIGHWAY SUITE 212 STUART FLORIDA 34994	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street additions	
Stua	(+ Florida 34994	
New Registered Agent's Signature, if changing Registered Agent	City Zip Code	

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.

K/A

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

		1	
MGR =	Manager	N/,	A
AMBR =	Authorized Member	. ,	

Title	Name	Address	Type of Action
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
			□Add
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			☐ Change
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Signature of a momber or authorized representative of a member	-	MACA 29 . 2022. Signature of a member or authorized representative of a member	

Filing Fee: \$25.00