Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

25 $\ddot{\circ}$ ĭ. Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEO MEDICAL CENTER LLC

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CEP 1 2 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEO MEDICAL CENTER LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000098671	were filed on 02/24/22	and assigned
florida document number <u>LEZZOGGGGGGT</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "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)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
		2022 (Sector
Name of New Registered Agent:		
New Registered Office Address:	r . r	8 2
	Enter Florida street address	PH IS
	, Florida _	
	City	i Zip Code

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.

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>	Address	Type of Action
AMBR.	CLBNEURO, PLLC	12468 BRANTLEY COMMONS CT	□Add
		FORT MYERS, FL 33907	□Remove
			X Change
			🗆 Add
			□Remove
			□Change
			□Add
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s filed.	es a delayed effective date.			he earlier of: (h) The	90th day after the
ed	September 8	2022	<u> </u>		
	Signati	Zilug te	rized representative of a	member	
			Park		

Filing Fee: \$25.00