## L22000156178

(Requestor's Name)	-
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

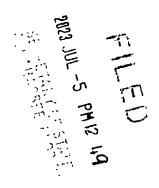
Office Use Only



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LLC N/C Amend

07/05/23--01025--023 \*\*25.00



A. RAMSEY AUG 1 42023

## **COVER LETTER**

TO: Registration Se Division of Cor		v	· 100 · ·
SUBJECT:	3KNAKE LL Name of Lim	ited Liability Company	· "y
The enclosed Articles of	Amendment and fee(s) are submitted for filing.  Andrew  Address  Palm Beach Gardens, FL 33410  Chystated and Zip Code  Benail address: (to be used for future annual report notification)  Area Code  Person  Area Code  Daytime Telephone Number		
Please return all correspo	ndence concerning this matter	to the following:	
	<b>.</b>	Name of Person	
	- Bkna	KE LL C Firm/Company	
	1408	14th Court	<del></del>
	Palm Bebknak	cach Gardens, Fl City/State and Zip Code elle agmail. Cor to be used for future annual report notif	33410 n
	oncerning this matter, please c	all:	
Prian Name o	Knake	at (210) 760 Area Code Daytime	- 2967 Telephone Number
Enclosed is a check for the	ie following amount:		
S25.00 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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 9093 JUL -5 PH 12 49

BKNAKE LLC ... TARY OF STATE.

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

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our red da Limited Liability Company)	ords)SEF
The Articles of Organization for this Limited Liability	Company were filed on	2022 and assigned
Florida document number <u>L 22000156178</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
NEUROASSIST IOM	LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "l	.l.C" or the abbreviation "L.l.,C."
Enter new principal offices address, if applicable:	Ma	
(Principal office address MUST BE A STREET ADD		<del></del>
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
	****	
B. If amending the registered agent and/or registers	nd affice addrace on our research, on	tor the name of the new registe
agent and/or the new registered agent and/or register		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		FloridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agen		
provisions of all statutes relative to the proper and accept the obligations of my position as registered a		
being filed to merely reflect a change in the register		

company has been notified in writing of this change.

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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an effectiv	ve date is listed, t	the date must be s	specific and	cannot be pri						
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Filing Fee: \$25.00