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## COVERLETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	ACH NEUROFEEDBACK & C	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kosta Velis		
		Name of Person	
		Firm/Company	<del></del>
	333 17th Street, Suite M		
		Address	
	Vero Beach, FL 32960		
		City/State and Zip Code	
	kosta.velis@verobeachreco	·	7.N
	E-mail address; (	to be used for future annual report not	lification)
For further information c	oncerning this matter, please co	all:	
Kosta Velis		772 584-3083	
Name of Person		Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF

## VERO BEACH NEUROFEEDBACK & COGNITIVE CENTER LLC

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

(д топаа лишей (даошу Сопрацу)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/25/2022}{L22000458142}$ .	ti	ınd assig	ince
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
VERÓ BEACH NEUROFEEDBACK CENTER LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbrevia	tion "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of t	he new	regis
None of March Colored Account		=	
Name of New Registered Agent:		- <del>I</del>	·
New Registered Office Address:	<del>-</del> -	<u> </u>	
Enter Florida street address		ر نو	
, Florida		<u> :T</u>	_ ; `
Cuy	Ziq	Conte	; <u> </u>
New Registered Agent's Signature, if changing Registered Agent:		CAS CAS	
I haraby account the approintment of registered about and appear to not in this account. I footbar			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being</u> or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
			□Add
		<u> </u>	□Remove
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			□Remove
			□Change

Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60% (rec.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.  November 7  2022  Signature of a member								
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