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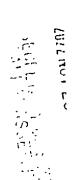
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SUBJECT:	ALMA Neu					
SUBJECT.		Name of Lim	ited Liability Company	 _		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Dr. Amber Deckard				
			Name of Person			
		<u></u>	Firm/Company			
		11718 S Federal Hwy, #32	7			
	Address					
Hobe Sound, FL33455					2022 NOV SECNETA	
			City/State and Zip Code		0¥2	
		DeckardDoctors@aol.com		·	28	
		E-mail address: (to be used for future annual report noti	fication)	, <u>-0</u>	
For further in	nformation c	oncerning this matter, please ca	all:		- 3.33 B	
Dr. Amber E	Deckard		772 985-8394 at ()		 - 기 : 기 : 기 : 기 : 기 : 기 : 기 : 기 : 기 : 기	
	Name o	f Person	Area Code Daytin	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
		☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Se Division of Cor The Centre of 7	rporations	10		

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION **OF**

ALMA Neurocognitive Specialty Group, LLC (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 ______ and assi Florida document number L22000472968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 1171B 5 Federal Huy, #327 Enter new principal offices address, if applicable: Holde Samo, FL 33455 (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 name of the new-r agent and/or the new registered office address here: Name of New Registered Agent: 11718 S Federal Hwy, #327 New Registered Office Address: Enter Florida street address _, Florida 33455
Zip Code Hobe Sound

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 t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume. 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.

City

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the apple document's effective date on the Department of State's record	licable statu	filing or more that tory filing requi	(optiona n 90 days after fili irements, this da	al) ng.) Pursua ate will no	nt to 603 t be list
e record specifies a delayed effective date, but not an effective rd is filed.	e time, at 12	:01 a.m. on the	earlier of: (b)	The 90th o	day afte
Dated November 23 2022	·				
Signature of a member or aut	uherized repr	esentative of a me	eniber		
Amber Deckard					
Typed or prin	inted name of	f signee			

Filing Fee: \$25.00