

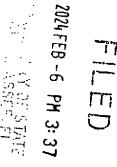
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## **COVER LETTER**

TO:	Registration Division of C	Section orporations		
SUBJEC	CORTEX	TBI OF DUVAL PLLC		
000000		Name of Li	imited Liability Company	
The enclo	sed Articles o	of Amendment and fee(s) are su	ubmitted for filing.	
Please ret	um all corresp	oondence concerning this matte	er to the following:	
		CANDICE HARDY		
			Name of Person	
		BUSINESSROCKET, IN	OC.	
			Firm/Company	<del>-</del>
		15442 VENTURA BLVI	D. STE 101	
			Address	
		SHERMAN OAKS CA 9	1403	
			City/State and Zip Code	<del></del>
		DOCS@BUSINESSROCK	CET.COM	
		E-mail address:	(to be used for future annual report not	ification)
For further	information of	concerning this matter, please o	eall;	
CANDICE	EHARDY		310 424-5558 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for t	he 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)
	ailing Addres		Street Address:	
	egistration S		Registration Sec	
	O. Box 632	orporations 7	Division of Cor	
	llahassee, I		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORTEXTBI OF DUVAL PLLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/30/2023	and assigned
Florida document number L23000407385		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CORTEXTBI OF FLORIDA PLLC		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20:
Principal office address MUST BE A STREET ADDRESS		7 7
		<b>3</b>
		0
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
The bony		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered offi- gent and/or the new registered office address here:	ce address on our records, <u>enter ti</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
_	Flor	ida
	City	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
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			Remove
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ffective an effective lote: If ocumen	tive date, if other than the date of filing:
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	NUARY 26 , 2024
	- Elaly
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00