Division of Corporations

## Florida Department of States Division of Comporations Bleetron & Filling Cover Chest

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 FOCAL NEUROSCIENCE SOLUTIONS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOCAL NEUROSCIENCE SOLUTION	ONS LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liab Florida document number <u>L23000489918</u>	oility Company were filed on 10/27/2023	and ass	igned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
	<u> </u>	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	····	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the na</u> <u>here</u> :	me of the nev	v registered
		2023	
Name of New Registered Agent:		÷ B	
New Registered Office Address:			
	Enter Florida street address	· P	903 203
	, Florida _	Zip Coda	· · · · · · · · · · · · · · · · · · ·
	CHY	71D C (XM)	

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
MGR	NXPATH LLC	12 SE 8TH STREET	□Add
		FORT LAUDERDALE, FL 33316	■Remove
			Change
MGR	Lorena Brownell	12 SE 8TH STREET	<b>\exists</b> Add
	<del></del>	FORT LAUDERDALE, FL 33316	
			Change
MGR	Andrew Shook	12 SE 8TH STREET	🖺 Add
		FORT LAUDERDALE, FL 33316	□Remove
			□Change
			Remove
			□Change
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n effective date is I ote: If the date ir	isted, the date must be sp	ecific and cannot be process not meet the app	licable statutory fil	more than 90 days after	filing.) Pursuant to 605.020 date will not be listed a
ecord specifies a is filed.	delayed effective date	but not an effective	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
	th	2023	·		
ted					
nted	Sima	ture of a physicar or a	IL Su	ve of a member	<del></del>

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