## 124000130633

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only/Otate/Ziph Holie #)
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(Business Entity Name)
(Document Number)
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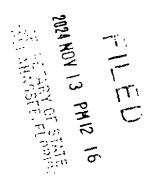
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LLC Amena

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A. RAMSTY

DEC/2.2024

## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
emp ice	NEUROCI	TY TBI, LLC		
SOBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		LAURA A. STREIMER		
			Name of Person	
		STREIMER & FLUSBER	G, PA	
			Firm/Company	<del></del>
		12540 W ATLANTIC BL	VD	
			Address	<del></del>
		CORAL SPRINGS, FL 33	071	
		DR.TRIANA67@GMAIL.	City/State and Zip Code COM	
			to be used for future annual report notif	fication)
For furth	er information c	concerning this matter, please c	all:	
SERGIO TRIANA			954 868-9406	
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed	is a check for the	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)
	Mailing Addres Registration : Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 13 PM 12 16

NEUROCITY TBI, LLC

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

The Articles of Organization for this Limited L	iability Con	npany were filed on [	MARCH 15, 2024	and assigned
Florida document number L24000130633				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited	d liability company	<u>here</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli-	N/A	N/A		
(Principal office address MUST BE A STREE	<u>ET ADDRES</u>	<u></u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OF FICE	. P.O.V1	-	•	
(Maning andress MATT MEATT OUT OF THE	10/1/			<del></del>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		ffice address on our	records, enter the na	ime of the new registered
New Registered Office Address:	N/A			·
	Enter Florida street address			
		, Florida		
		City		Zip Code
New Registered Agent's Signature, if changing	Registered A	gent:		
I hereby accept the appointment as register, provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and com istered ager registered o	plete performance of it as provided for it	of my duties, and 1 ar Chapter 605, F.S. C	n familiar with and Ir, if this document is
	ī	f 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
MGR	KELLY, EISSA	7798 ARBOR CREST WAY	🗆 Add
		PALM BEACH GARDENS, FL 33412	Remove
			Change
			□ Add
			□Remove
			Change
			□Add
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	<u> </u>		🗆 Add
			□Remove
			Channa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. Effective date, if other than the date of filing:
(If an effective date is listed, the date seems to (optional) (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member Seas, o Tiz (A~) A

Typed or printed name of signee

Filing Fee: \$25.00