

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
 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**  
**ATOM TECHNOLOGIES DADE FL HUB, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 AUG - 8 1:12:52

2022 AUG - 8 PM 5:20  
 FILED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

AUG - 8 2022

T. LEMIEUX

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: ATOM TECHNOLOGIES DADE FL HUB, LLC

Enter new principal office address, if applicable: 9800 SW 60TH COURT

(Principal office address  
MUST BE A STREET ADDRESS)

PINECREST, FL 33156

Enter new mailing address, if applicable: 9800 SW 60TH COURT

(Mailing address  
MAY BE A POST OFFICE BOX)

PINECREST, FL 33156

2. The Florida document number of this limited liability company is: M22000008062

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/20/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: NeuroReformer Dade FL Hub, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

2022 AUG - 8 PM 5:20


FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Erin Saville, Attorney-In-Fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ATOM TECHNOLOGIES DADE FL HUB, LLC", CHANGING ITS NAME FROM "ATOM TECHNOLOGIES DADE FL HUB, LLC" TO "NEUROREFORMER DADE FL HUB, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF AUGUST, A.D. 2022, AT 9:46 O'CLOCK A.M.



6803232 8100  
SR# 20223186476

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204101949  
Date: 08-05-22

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: ATOM TECHNOLOGIES DADE FL HUB, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of this entity is changed to:

NeuroReformer Dade FL Hub, LLC

**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on  
the 5th day of August, A.D. 2022.

By: Erin Saville  
Authorized Person(s)

Name: Erin Saville, Special Manager  
Print or Type