

M24000010851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

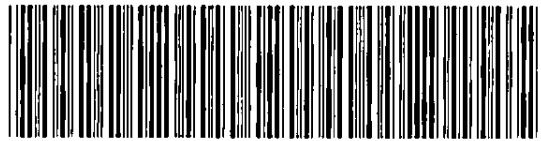
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/04/24--01028--020 ♦\$25.00

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TALLAHASSEE, FLORIDA

2024 SEP 23 PM 3:15

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COX LAW FIRM, PLLC

www.cox-firm.com

206 N. College Ave.
Fayetteville, AR 72701
(479) 935-3060

Hana Thompson
Office Manager/Legal Assistant
Email: hthompson@cox-firm.com

August 29, 2024

Via Overnight Mail To:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:	Foreign (Foreign) Company:	Neurolinks, LLC
	Current Registered Name in Florida:	Neurolinks Neuromonitoring, LLC
	Cross Reference Name:	Neurolinks, LLC
	Company Document Number:	M24000010851

Dear Registration Agent:

Enclosed with this cover letter please find payment in the amount of \$25.00 and a LLC-Manager-signed "Application Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida".

Please note the following:

"Neurolinks, LLC" is the official name of this foreign (Oklahoma) company; however, your office recently rejected that name and is now using it only has a "Cross Reference Name" under the alternate name that was accepted by your office, which is, "Neurolinks Neuromonitoring, LLC".


The enclosed Application requests that "Neurolinks Neuromonitoring, LLC" be changed to "Neurolinks of Florida, LLC", and that the "Cross Reference Name" of "Neurolinks, LLC" remain unchanged because, again, the latter is the actual name of this foreign (Oklahoma) company, per the Oklahoma certificates of good standing and existence, which were recently provided.

If you would please return via email at the email-address provided below a receipt for payment and the certificate or other proof of the requested name-amendment at your earliest possible convenience, I would appreciate it.

For further information concerning this matter, please call or email me, attorney Lance Cox, at (479) 200-5571 or lcov@cox-firm.com.

Walter B. Cox (1941-2020)
S. Lance Cox
Attorneys at Law
Email: lcov@cox-firm.com

Sincerely,



S. Lance Cox

SLC/ht

**Enclosures: Payment (check)
Signed Application**

Walter B. Cox (1941-2020)
S. Lance Cox
Attorneys at Law
Email: lcox@cox-firm.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2024

S. LANCE COX
COX LAW FIRM, PLLC
206 N. COLLEGE AVENUE
FAYETTEVILLE, AR 72701

SUBJECT: NEUROLINKS NEUROMONITORING, LLC
Ref. Number: M24000010851

We have received your document for NEUROLINKS NEUROMONITORING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I have enclosed a form to change the Alternate Name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 624A00020827

*cell
479-
200-5571*

FILED
2024 SEP 23 PM 3:15
TALLAHASSEE, FLORIDA

WRITTEN CONSENT TO CHANGE ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized

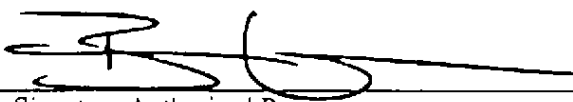
Person of Neurolinks Neuromonitoring, LLC (Cross Reference Name: Neurolinks, LLC)
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Oklahoma

----- (State or Country of Organization) -----

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts
the following name to transact business in the state of Florida:

Neurolinks of Florida, LLC (Cross Reference Name: Neurolinks, LLC)
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)


----- Signature Authorized Person ----- September 23, 2024
----- Date -----