P150000622071

(Re	questor's Name)			
— (Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(<u>Co</u>	cument Number)			
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Certified Copies	_ Certificates	of Status		
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C. CAMBOTHERS

OCT 2.4 2015 C. C. C. P. P. P. P. S.

COVER LETTER

TO: Amendment Section Division of Corporations

Neuros NAME OF CORPORATION:	port Elite					
DOCUMENT NUMBER:	62071					
The enclosed Articles of Amendment an	d fee are submitted for filing.					
Please return all correspondence concern	ing this matter to the following:					
Dr. Spencer Baro	l					
	Name of Contact Person					
NeuroSport Elite						
	Firm/ Company					
8930 W. State Ro	8930 W. State Road 84 - #146					
Davie FL 33324	Address Davie FL 33324					
	City/ State and Zip Code					
DrBaron@DrSpencerB	uron.com					
E-mail addre	ss: (to be used for future annual report notification)					
For further information concerning this r	natter, please call:					
Dr. Spencer Baron	305 206-5205 at (
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following am	ount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Certificate						
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building					

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P15000062071 NeuroSport Elite, PA (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 10368 State Road 84 - Suite 104, Davie, FL 33324 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 8930 W. State Road 84 - #146, Davie, FL 3332 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Dr. Spencer Baron Name of New Registered Agent 1835 E. Hallandale Beach Blvd. - #337 (Florida street address) Hallandale 33009 New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I an familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	VP	Jeffrey A	A. Lewin	10893 NW 70TH COURT
Add				Parkland, Florida 33076
X Remove				-
2) Change		<u></u>	<u> </u>	
Add				<u></u>
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(9,,,	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
•	ctober 15, 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	lder
October	15, 2016	
Dated		
Signature	/ Milling	
sele	a director, president of other officer – if directors or officers have not become an incorporator – if in the hands of a receiver, trustee, or other control fiduciary by that fiduciary)	en ourt
	Dr. Spencer Baron	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	