

L19000 220 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

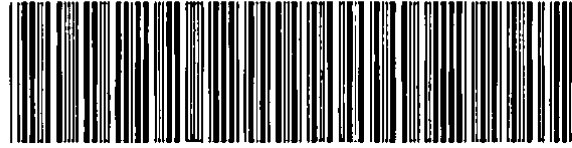
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FILED  
2019 DEC 16 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

JAN 16 2020  
I ALBRITTON



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

IBody Miami LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 3, 2019 and assigned Florida document number L19000220231.

This amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

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 applicable:**

**Principal office address MUST BE A STREET ADDRESS**

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

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TALLAHASSEE, FLORIDA

**If amending the registered agent and/or registered office 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: Lalchandani Simon PL

New Registered Office Address: 25 SE 2nd Ave Ste 1020  
Enter Florida street address

Miami, Florida 33131  
City Zip Code

**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**

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

IGR = Manager  
 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Spectrum Management of Florida, Inc.	3145 NE 2nd Dr	<input checked="" type="checkbox"/> Add
		Homestead, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	Health Partners of Florida, LLC	10401 NW 131st St	<input type="checkbox"/> Add
		Miami, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	Aesthetic Partners of South Florida, LLC	12011 SW 1st St	<input type="checkbox"/> Add
		Miami, FL 33184	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information, with a vertical line down the center.

Effective date, if other than the date of filing: \_\_\_\_\_ (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 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 document is filed.

Dated 12/10/14 \_\_\_\_\_

Handwritten signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

Kubs Lalchandani, Authorized Representative

Typed or printed name of signee