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To:

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Fax Number : (850)205-0383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
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LIMITED LIABILITY AMENDMENT**MUELLER INSTITUTE FOR HOLISTIC MEDICINE LLC**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY**

DOCUMENT NUMBER L01000015946

**ARTICLES OF ORGANIZATION ORIGINALLY FILED ON
September 18, 2002**

**The Articles of Organization are amended and restated to amend Articles I and III, and as
provided below:**

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of Chapters 608 and 621, Florida Statutes for the purpose of providing such professional services as are hereafter specified

ARTICLE I – Name:

The name of the Limited Liability Company is:

MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**635 PRIMERA BOULEVARD, SUITE 111
LAKE MARY, FLORIDA 32746**

ARTICLE III – Duration and Areas of Practice:

The period of duration for the Limited Liability Company shall be perpetual. The areas of practice of the Limited Liability Company are limited to the practice of medicine.

ARTICLE IV – Management:

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as President or, in his or her absence, Vice President shall carry out and further the decisions and actions of the managers and member(s) made pursuant to the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred

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or evidenced, which are necessary, appropriate or beneficial to carry out or further such decisions or actions.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Arthur R. Louv - Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC**
2. The name and the Florida street address of the registered agent are:

Arnold, Matheny & Eagan, P.A.
801 N. Magnolia Avenue, Suite 201
Orlando, Florida 32802

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ARNOLD, MATHENY & EAGAN, P.A.

By: 

Arthur R. Louv