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COVER LETTER

TO: Registration S Division of Co	•	•	A s
SUBJECT:	Jernational Cen Name of Lin	ter for Healt a	ind Welfness, LCC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alan 1	W. Graning Name of Person	Do
	International	Coater for Heal?	12 and Walkers, LLC
	6400 Dariels	Plean Suite 29	1-173
		City/State and Zip Code Jesus A Yahoo be used for future annual report noti	
For further information c	oncerning this matter, please co	l	
Alan W (raning Do	at (<u>941)</u> <u>Z 6 S</u> Area Code Daytim	3 -50 5 4 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(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 Li Florida document number	ability Company	were filed on 9	118/2007	and assigned	
Florida document number 167000	195693		110 (0-		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabi	ility company here:		•	
The new name must be distinguishable and contain the wa	ords "Limited Liabili	ity Company," the design	nation "LLC" or the ab	oreviation "L.L.C."	
		, , , , , , , , , , , ,		10	
Enter new principal offices address, if applica			· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	12370 Fort M	Country yers, Fi	Day (ir.	<u>e</u> le <u>3</u> —
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office a <u>s here</u> :	ddress on our reco	rds, <u>enter the nam</u>	e of the new regis	<u>stered</u>
Name of New Registered Agent:	Alan L	Enter Floridas Gels City	iviz D.	ジ・	
New Registered Office Address:	1237	Enter Florida	ry lay (brole	
	Fort M	Gels City	, Florida	33913 Zip Code	_
New Registered Agent's Signature, if changing R	legistered 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Janet G. Graning	6900 Daniels Pkwy	🗆 🗆 Add
		Suite 29-173	Remove
		Suite 29-173 Fort Myers, FC 339	912□Change
	·		□Add
			Remove
			Change
		-	🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
	-		🗆 Add
			□Remove
			DChange
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 the 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 record is filed. Dated Januar Signature of a member or authorized representative of a member