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DIVISION OF CONFORMATIONS

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COVER LETTER

	INR PLLC				
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Joshua M. Mittenthal, Esq.			
			Name of Person		
		Mittenthal Weinstein LLP			
			Pirm/Company		
		3100 S. Federal Hwy., Ste.	В		
			Address		
		Delray Beach, FL 33483			
			City/State and Zip Code		
		mittenthal@mw-attorneys.c		· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (i	to be used for future annual report notif	ication)	
For further is	nformation c	oncerning this matter, please ca	all:		
Joshua M. Mittenthal. Esq.		561 862-0955 at ()			
	Name o	f Person	Area Code Daytimo	e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 E	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INR PLLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconnited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000032381</u>	pany were filed on March 16, 2011	and assigned
rionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		9 1
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	Liability Company," the designation "LI	.C" or the abbreviation L.L.C"
Enter new principal offices address, if applicable:		20 Z Z
(Principal office address MUST BE A STREET ADDRES.		COMPANIONS S
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	. F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's	gent:	

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

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>	Name	Address	Type of Action
MGRM	Arthur J. Tobinick	2300 Glades Rd., Suite 305E	
		Boca Raton. FL 33431	■ Remove
			☐ Change
MGRM	Edward L. Tobinick MD	2300 Glades Rd., Suite 305E	■ Add
		Boca Raton, FL 33431	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add 17 ye ON OF CHANGE PH 3: 45 ye ONE OF ALLOW ONE OF
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