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(Re	questor's Name)	
(Ad	dress)	
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(7)	101 1 177 171	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	***
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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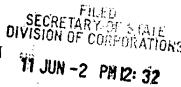
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			•		
SUBJECT:INTEGRITY HEALTH ASVISORS, LLC					_C.	
30 D 01		Name of Lim				
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for fili	ng.		
Please	return all correspo	ndence concerning this matter	r to the followi	ing:		
		AL		E. VELOZO		
			Name of	Person		
		INTEGRIT	TY HEALTH	H ADVISORS	, LLC.	
			Firm/Co	ompany		
450 ALTON ROAD,		AD. UNIT 100)5	,		
	Address					
		RALANA		EI ODIDA 221	30	
		IVIIAIVII	City/State an	FLORIDA 331 d Zip Code	38	
		INTEGRITYHE E-mail address: (EALTHADV	'ISORS@YAI	ноо.сом	•
For fur	ther information co	E-mail address: (oncerning this matter, please of		iture annual report r	notification)	
	ALEXAN	DRA E. VELOZO	at (305 v	915-37	13
	Name of		at (Area Code & Day		
Enclos	ed is a check for th	e following amount:				
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & led Copy lonal copy is enclo	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	+	STREET/CO Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	ection rporations ig e Center Circl	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INTEGRIT	Y HEALTH ADVISORS	S, LLC.
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabi	• • •	MAY 31, 2011 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company he	re:
The new name must be distinguishable and end with the "L.L.C."		any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	<u></u>	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	E.	ntay Florida straat addrass
	Enter Florida street address	
-	City	, Florida Zip Code
	City	zip Coae

New 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	ELIZABETH VELOZO	450 ALTON ROAD UNIT 1005 MIAMI BEACH, FLORIDA 33139	Add Remove
MGR	ALEXANDRA E. VELOZO	450 ALTON ROAD UNIT 1005 MIAMI BEACH, FLORIDA 33139	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF COM
Dated	MAY 31 ,	2011	PHIZ: 32
	Signature of a memb	per or authorized epresentative of a member	
	ALE	XANDRA E. VELOZO	

Page 2 of 2

Filing Fee: \$25.00