## L12000117345

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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ALLAHASSEE, FLORIDA

J. BRYAN
JAN - 8
EXAMINER

Law Office of Al Meyer, PA PO Box 7001 Delray Beach, FL 33482 561-398-0634 Fax 888-818-5184 Email al@almeyerlaw.com

December 19, 2012

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization of Essential Integrative Medicine, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment for the above mentioned LLC. Please return the filed document to my attention.

Sincerely,

Albert R. Meyer

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000117345	were filed on September 13, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
Essential Integrative Medicine, LLC	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	THE CRET
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SSS T
	F 9 2
	[S &
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Essential Intregrative Medicine, LLC

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.

City

Zip Code

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 = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Add Remove Remove Remove Remove Add Remove

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
	Typed or printed name of signee  Page 3 of 3

Filing Fee: \$25.00

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