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COVER LETTER

TO: Registration'Sc Division of Cor					
Integra L	abs LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Brian Crowley				
		Name of Person			
	Integra Labs LLC				
		Firm/Company			
	5800 Central Garder	ns Way, Suite 107			
		Address			
	Palm Beach Garden	ns, FL 33418			
		City/State and Zip Code			
	ceo@integralabs.net				
	·	to be used for future annual report notification	n)		
For further information co	oncerning this matter, please ca	all:			
brian crowley		561 358-7307 .		2015	
Name o	f Person	Area Code Daytime Tele	ephone Number	FEB 20 MESSAY	
Enclosed is a check for th	ne following amount:			T	177
\$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ogf Status &)

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

Integra Labs LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L31000023947</u>	were filed on 2/14/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Integra Health Partners LLC		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "I	
Enter new principal offices address, if applicable:	SAME	100 25 THE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	20 PHI2: 49 ANSSEE FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		rds, enter the name of the n
New Registered Office Address:		
	Enter Florida street add	lress
	· · · · · · · · · · · · · · · · · · ·	Florida
	City	Zip Code

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			□ Remove
			2015 FEB PO PRINCE IN CORNERS OF STATE
			SET OF PRIMOVE
			5
			Add
			☐ Remove
			·
			□ Add
			□ Remove

).]	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ļ	Effective date, if other than the date of filing: (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated 2 16 2015
	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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