

2013-05-16 12:17 TRIAD

7702201943 >>

P 1
Page 01

L13000061135

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000110440 3)))



H130001104403ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 16 PM 12:00

FILED

RECEIVED
13 MAY 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRATIVE CANCER HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 17 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

(((H13000110440 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Cancer Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Colucci

Name of Person

Integrative Cancer Holdings, LLC

Firm/Company

4800 N. Federal Highway

Address

Boca Raton, FL 33431

City/State and Zip Code

rj@sanctuarymedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at: ()

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301FILED
2013 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H13000110440 3)))

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

Integrative Cancer Holdings, LLC

(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 Liability Company were filed on April 25, 2013 and assigned Florida document number L13000061135.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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

FILED
2013 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H13000110440 3)))

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Colucci	4800 N. Federal Highway, Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

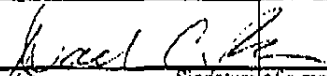
2013 MAY 16 PM 12:00
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

FILED

(((H13000110440 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 16, 2013



Signature of a member or authorized representative of a member
David C. Peck

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED