

Florida Department of State

Division of Corporations
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H220004205183ABCV

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To:

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

From:

Account Name : ARTURO YERO P.A.
Account Number : I20150000125
Phone : (305)444-0884
Fax Number : (305)444-0786

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

Email Address: arturoyero@ayero.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTEGRATED HEALTHCARE SERVICES LLC

Certificate of Status	0
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2022 DEC 14 PM 1:20

C. BRUMBLEY
DEC 15 20222022 DEC 14 PM 3:44
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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

Integrated Healthcare Services 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 10/20/2015 and assigned Florida document number L14000120282.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Mayte Solange Ruiz Santiago

New Registered Office Address:

Enter Florida street address

City, Florida

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.

Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and date of filing must be later than the effective date.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing deadline, the date must be corrected to the applicable deadline.

Note: If the date in the Effective Date block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ~~05/05/2022~~ December 6th 2022

Signature of member or authorized representative of a member

Mayte Solange Ruiz Santiago

Typed or printed name of signee