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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 1WH	B Palm Beach Name of Lin	LLC nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Debbi	e Thomason Name of Person	<u> </u>
	INHB Pa	Im Beach LLC Firm/Company	
		Firm/Company	
	1395 S.	State Rd 7, Ste	. 450
	Welling	ton FL 33414	<u>+</u>
	d-tho E-mail address: (ton FL 33414 City/State and Zip Code mason @ IWHBF to be used for future annual report notif	L.Com
For further information of	concerning this matter, please c		
Debbie Thor	MASON of Person	at (56) 798- Area Code Daytime	1414 Telephone Number
Enclosed is a check for t	he 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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it no (A Florida Limited Liability Co	W appears on ally records
(A Florida Limited Liability Co	ompany)
The Articles of Organization for this Limited Liability Company were file	d on October 30, 2014 and assigned
Florida document number <u>L14000169101</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	SES
	<u> </u>
	26 ARY ASS
Enter new mailing address, if applicable:	mo z o
(Mailing address MAY BE A POST OFFICE BOX)	- ST N
	Ö n
B. If amending the registered agent and/or registered office address here:	ress on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
4	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 provisions of all statutes relative to the proper and complete performa	. , , , . , . , . , . , . , . , . , . ,

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Keith A Agua MD	1395 S-State Rd7,	Add
	·	Suite 450	☐ Remove
		Suite 450 Wellington FL 33414	Change
MGR	Ingrid Isolith DO	1395 S. State Rd 7,	Add
		Suite 450 Wellington, FL 3341	Remove
		Wellington, FL 3341	Change
			🗆 Add
			Remove
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te: If the o	te, if other that ate is listed, the date inserted in ffective date on	this block does	not meet t	he applicab	date of filing le statutory	or more than filing requi	(option 90 days after rements, this	o nal) filing.) Pu s date wil	rsuant to 60 I not be lis	95.0207 (i ted as th
	pecifies a de day after th			but not	an effecti	ve time, a	at 12:01 a	ı.m. on	the earl	ier of:
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Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L14000169101 FILED 8:00 AM October 30, 2014 Sec. Of State bbostick

Article I

The name of the Limited Liability Company is: IWHB PALM BEACH, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL. US 33414

The mailing address of the Limited Liability Company is:

1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL. US 33414

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CORPORATION COMPANY OF MIAMI 525 OKEECHOBEE BLVD. SUITE 1100 WEST PALM BEACH, FL. 33401

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JAMES A. FARRELL, VICE PRES.

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR SETH J HERBST M.D. 1395 STATE ROAD 7, SUITE 450 WELLINGTON, FL. 33414 US L14000169101 FILED 8:00 AM October 30, 2014 Sec. Of State bbostick

Signature of member or an authorized representative

Electronic Signature: JAMES A. FARRELL, AUTHORIZED REP.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.