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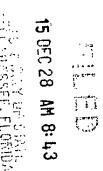
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## **COVER LETTER**

TO: Registration of Division of	on Section Corporations								
SUBJECT: _/^	ITERO GROUP HIMSERVICES, LLC								
Name of Limited Liability Company									
The enclosed Article	es of Amendment and fee(s) are submitted for filing.								
Please return all cor	respondence concerning this matter to the following:								
	C'risty Caserta Esq.								
	Salpeter Gitkin LLP Firm/Company								
	1 East Broward Blvd., Stc. 1500 Address								
Fort Lauderdale, FL 33301									
	Fort Lauder dale, FL 33301  City/State and Zip Code  Cristy@Salpetergitkin: Com  E-mail address: (to be used for future annual report notification)								
For further informat	ion concerning this matter, please call:								
Crist	Y Casesta at 954 467-8622  Area Code Daytime Telephone Number								
Enclosed is a check	for the following amount:								
\$25.00 Filing Fe	, -								

### 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

INITERA GRAVE HIM SERVICES

(Name of the Limited Liability Compan (A Florida Limited L	,
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15000150602</u> .  This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	501 NE 5th Terrace Ste. 418 Fort Lauderdale, Fr. 33301
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 here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	City S Zip & de
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 = Manager

AMBR = Authorized Member Title **Address Type of Action** Name INTERO GROUP HOLDINGSLLC. 50/ NE 5th Ferrace DAD Ste. 418 Remove
Fort Lauderdale, FL3330 Change □ Add □ Remove ☐ Change □ Add □ Remove 걍 Change TETR **≟** Add Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change

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