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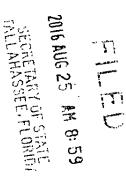
(Requestor's Name)
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K.SALY EXMINER AUG 26

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mindful Integrated	Medical Servic	es, LLC	
			
			<u>.</u>
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: Seth	00/05/17		UCC 1 or 3 File
	$\frac{08/25/16}{2}$	T:	UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC		INTEGRATED MEDICAL S	ERVICES, LLC	
30 80 80	· * *	Name of Lim	ited Liability Company	 _
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	dence concerning this matter	to the following:	
		LUIS R. CALDERON		
			Name of Person	···
		BELAIR ACCOUNTING	SERVICES, INC.	
			Firm/Company	
	1627 E. VINE STREET, SUITE 110			
			Address	
		KISSIMMEE, FL 34744	•	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		adlush@aol.com		·
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	ncerning this matter, please co	nll:	
LUIS R	. CALDERON		407 944-9262 at ()	
	Name of	Person	Aren Code Daytime	l'elephone Number
Enclosed	d is a check for the	e following amount:		
■ \$25 .	00 Filing Fee	S30.00 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 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG 25 AM 9: 00
TALLAHASSEF TI ORIDI.

MINDFUL INTEGRATED MEDICAL SERVICES, LLC

(Name of the Limited Liability Company as it now agnears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 12/14/2015	and assigned
Florida document number L15000207594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MINDFUL INTEGRATED MEDICINE, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility 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		nter the name of the new
registered agent and/or the new registered office address he	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 amendin	g Authorized Person(s) authorized to	manage, <u>enter the</u>	title, name, and address of each person being added
MGR = N	I from our records: Annager Authorized Member		20/6 AUG 25 AM 9: 00 Type of Action
Title	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDE - Add
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			Remove
			□ Change
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Signature of a member or authorized representative of a member	The 90th day after the record is filed.	
Signature of a member or authorized representative of a member	Angurer 24 2016	
Signature of a member or authorized representative of a member	led	•
Signature of a member or authorized representative of a member	/,	
·	1// A	
VIVIAN CHARNECO, MD, PA	Signature of a member or authorize	ed representative of a member

Page 3 of 3

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