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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			•
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2016 APR 26 AM 11: 29
SECRETARY DE STATE

K. SALY EXAMINER APR 29

COVER LETTER

	egistration Secti ivision of Corpo				
CUD IECT		althkare, LLC			
SUBJECT	:	Name of Limit	ed Liability Company		
The enclos	ed Articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please retu	rn all correspond	ence concerning this matter to	o the following:		
		Jeff Hochberg			
			Name of Person		
		David L. Hatton, P.A.			
			Firm/Company		 -
		600 W Hillsboro Blvd, Suit	e 300		
			Address		
		Deerfield Beach, FL 33441			
			City/State and Zip Code		
		jeffh@hattonlaw.com			
		E-mail address: (to	be used for future annual rep	oort notification)	
For further	information con	cerning this matter, please cal	11:		
Jeff Hochb	perg		954 281-3 at ()		
	Name of P	erson	Area Code	Daytime Telephone	e 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 enclose	ed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TΘ:

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 OF

FILED
2016 APR 26 AM 11: 29
FALLAHASSEE. FLORIDA

Innovative Healthkare, 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 December 14, 2015 and assigned
Florida document number L15000207809	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	U. C
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	600 W Hillsboro Blvd, Suite 310
(Principal office address MUST BE A STREET ADDRESS)	Deerfield Beach, FL 33441
	212 F.W. 11-1 Pl1 #1500
Enter new mailing address, if applicable:	212 E Hillsboro Blvd #1509
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield Beach, FL 33441
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fioriaa Street aaaress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept 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.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	naing Degistered Agent Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	GJIM Holdings, LLC	550 SE 5th Avenue, Unit 905S	Add			
		Boca Raton, FL 33432	■ Remove			
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		_	Add			
			□ Remove			
			SECRICIAN AND AND AND AND AND AND AND AND AND A			
			PROPERTY STANDARD STA			
			Add			
			☐ Remove			
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reffecti te: If t	ve date is li	sted, the date serted in this	must be spe s block do	ecific and ses not m	cannot be eet the a	prior to inplicable	date of filir e statutor	ng or more t v filing rea	han 90 days mirements	after filing this date	,) Pursuant will not l	to 605.0207 be listed as
		e date on the						,	1	,		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00