

U6000019913

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APR 20 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRITY HEALTH CENTER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Veizaga, Esq.

Name of Person

Integrity Health Center, LLC

Firm/Company

3901 NW 79th Avenue, Suite 120

Address

Doral, FL 33166

City/State and Zip Code

mveizaga@icrsites.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel veizaga, Esq.

305 5527660
at ()

Name of Person

Area Code

Daytime Telephone 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 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, FL 32301

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SECRETARY OF
TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTEGRITY HEALTH CENTER, 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 01/28/2016 and assigned
Florida document number L16000019913.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(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:

N/A

New Registered Office Address:

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 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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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

Kindly assist in making the following changes:

The Registered Agent for this LLC requires a correction to the address listed. The correct address is: 3901 NW

79th Avenue, Suite 120, Doral, FL 33166 US - The US is the correction needed as well as adding the Suite 120

The principal address for this LLC also requires a change: the correct address is: 3901 NW 79th Avenue, Suite 120

Doral, FL 33166 US - the US is the correction needed.

The mailing address also requires a change to: 3901 NW 79th Avenue, Suite 120, Doral, FL 33166 US

Under Authorized Person please Modify to the following:

A & H Consultants, INC. Please note there should be a space between A & H and the correct designation is INC

The second change to Authorized Person is:

TSALACH HEALTH, LLC. - Please note that there should be a LLC added.

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E. Effective date, if other than the date of filing: _____ **(optional)**

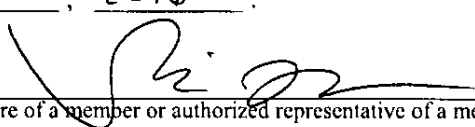
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing 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 April 18th, 2016.



Signature of a member or authorized representative of a member

George Veizaga

Typed or printed name of signee