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TALLAHASSEE FLORIDA

MAY 1 7 2016 S. YOUNG

COVER LETTER

TO:		tion Section. of Corporations		
	INNE	ER STRENGTH HEALT ADVOCATES LLC		
SUBJE	CT:	Name of Limited Liability Company		
The enc	losed Artic	cles of Amendment and fee(s) are submitted for filing.		
Please r	eturn all co	orrespondence concerning this matter to the following:		
		MARY BARON		
		Name of Person		
		INNER STRENGTH RN HEALTH ADVOCATES LLC		
		Firm/Company	1 AC	÷
		20680 LARINO LOOP	TA AH	
		Address	ALLAHASSE 16 MAY 16	3
		ESTERO, FL 33928	16 MAY 16 PH 1: 29	1
		City/State and Zip Code	1: 29	
		E-mail address: (to be used for future annual report notification)	29	7
For furt	her informa	ation concerning this matter, please call:		
	BARON	617 230-2806		
	N	Name of Person Area Code Daytime Telephone Number		
Enclose	d is a check	k for the following amount:		
■ \$25	.00 Filing F	Fee Solution Status Solution Status Solution Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y	
închr		MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section		

Justin Shivers MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNER STRENGTH HEALTH ADVOCATES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FI	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L16000055028	ity Company were filed on MARCH 17, 2016	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
INNER STRENGTH RN HEALTH ADVOCATES LLC	\mathbf{c}	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office:	registered office address on our records, ent	SECRE TARY OF STATES 16 MAY 16 PN 1: STATES ter the name of the
Name of New Registered Agent:		
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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Change
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etive date, if other than the date effective date is listed, the date must be space. If the date inserted in this block dement's effective date on the Department.	ecific and cannot be prior oes not meet the applic	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) Pur quirements, this date will	rsuant to 605. not be liste
ecord specifies a delayed effe e 90th day after the record i		t an effective time	e, at 12:01 a.m. on	the earlie
d MAY 12	2016	·		
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Filing Fee: \$25.00