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K. SALY EXAMINER JUL 20

COVER LETTER

TO: Registration Division of	n Section Corporations		
CUDICA	Ketamine Infusions of South Florida, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following:		
	Maria A. Rodriguez		
	Name of Person		
	Lubell Rosen		
	Firm/Company		
1 Alhambra Plaza Suite 1410			
	Address		
	Coral Gables, Florida 33134		
	City/State and Zip Code		
	ay@lubellrosen.com E-mail address: (to be used for future annual report notification)		
For further informati	on concerning this matter, please call:		
Maria A Rodriguez			
Na	me of Person		
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	e \$\Bigcup \\$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JUL 19 PM 1:53

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

KETAMINE INFUSIONS OF SOUTH FLORIDA, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited I	Liability Company)		FLORIDZ
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/31/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ho	ere:	
KETAMINE HEALTH CENTERS, I	LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	l Alhambra Pla	aza	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1410		
The second of th	Coral Gables, F	FL 33134	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	I Alhambra Pla		
	Coral Gables, F	FL 33134	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
·	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		

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>	Address	Type of Action
MGR	Raul A Cruz	1419 Cadiz Avenue	□ Add
		Coral Gables, FL 33134	■ Remove
			□ Change
MGR	Francisco U Cruz	8411 NW 40th Street	□ Add
		Cooper City, FL 33024	■ Remove
			Change
			Add
			□ Remove
			Pinange T
			A 466
			Remove 53
			□ Remove
			□ Change
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	For by
	TEL 19
	PORTO PR
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(If an ef	tive date, if other than the date of filing: [Tective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	July 14, 2016.
	Signature of a member or authorized representative of a member
	Dennis Diaz Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00