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(Re	equestor's Name)	
(Ad	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
		TVE THERAPEUTICS, LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Prudhvi R Karumanchi		
			Name of Person	
		INTEGRATIVE THERAP	EUTICS, LLC	
		<u></u>	Firm Company	
		3909 Snapper Pointe Drive	•	
		, , , , , , , , , , , , , , , , , , ,	Address	
		Tampa, FL 33611		
			City/State and Zip Code	
		karumunchib@yahoo.com	to be used for future annual report noti	(Contrar)
For fur	ther information co	nncerning this matter, please ca		neatton)
Prudhy	i R Karumanchi		208 241-7852 at ()	
	Name of	f Person	at ()	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.) ability Company)	
vere filed on 10/07/2016	and assigned
ity company here:	
y Company," the designation "LLC" or the	abbreviation "L.L.C."
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	<u>프 및 등</u>
	<u>.</u>
	
ice address on our records, <u>ento</u> :	er the name of the ne
Enter Florida street address	
19	
, Florida	Zip Code
1	y Company," the designation "LLC" or the ice address on our records, enter Enter Florida street address , Florida

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>	Name	Address	Type of Action
MGR	Sunceta Karumanchi	3909 SNAPPER POINTE DRIVE	
		TAMPA, FL 33611	■ Remove
			□ Change
	·		□ Remove
			☐ Change
			Add
			Remove
			Change
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(If an eff Note:	tive date, if other than the date of filing:	ling.) Pursuant to 605.0
(b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.r. 90th day after the record is filed.	
Dated	7/6/2018 K. Prudhu Raja. Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00