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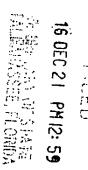
(Re	equestor's Name)	
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COVER LETTER

	Registration Se Division of Corp			,
CIETTO TYLE		ON TREATMENT CENTER,	LLC	
SUBJEC	:T:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Jacob Gitman		
			Name of Person	
		Sinai Holdings, LLC		
			Firm/Company	
		1111 Kane Concourse, 518	3	
			Address	
		Bay Harbor Islands, FL 33	154	
			City/State and Zip Code	
	•	info@sinaicaredme.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Jacob G	itman		305 918-1477	
	Name of	Person		Telephone Number
Enclosed	t is a check for th	e 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

IV INFUSION TREATMENT CENTER,LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12-02-2016	and assigned
Florida document number L16000219140		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Malcom Goldsmith MD	<u>ම් ක්</u>
Principal office address MUST BE A STREET ADDRESS)	831 Coral Ridge Dr.	
	Coral Springs, FL 33071	<u> </u>
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		5 9
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the
Non-Basistan 1065 - Address		
New Registered Office Address:	Enter Florida street address	•
	, Flor	ida
	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>	Type of Action
MGR	Jacob Gitman	1111 Kane Concourse, 518	□ Add
		Bay Harbor Islands, FL 33154	■ Remove
			Change
MGR	Malcom Goldsmith MD	831 Coral Ridge Dr	≅ Add
		Coral Springs, FL 33071	□ Remove
			Change
AMBR	Sinai Holdings LLC	1111 Kane Concourse, 518	
		Bay Harbor Islands, FL33154	■ Remove
			☐ Change
AMBR	Malcom Goldsmith MD	831 Coral Ridge Drive	■ Add
		Coral Springs, FL 33071	□ Remove
			Ghange
			Add
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ecord specifies a delayed effective date, in second is filed.	but not an	effective time	, at 12:01 a.m	i. on the	e earli	er
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Filing Fee: \$25.00