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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INMUHEALTH GROUP LLC

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LAZARUS CORPORATE

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INMUHEALT (Name of the Limited Liability Comp (A Florida Limited	H GROUP LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000069138</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" at the abbraviation "LLC"
Enter new principal offices address, if applicable:	10899 SW 72ND St. ste 202
(Principal office address MUST BE A STREET ADDRESS)	10899 SW 72ND St, ste 203 MIANI, FL 33173
	C
Enter new mailing address, if applicable:	- - -
(Mailing address MAY BE A POST OFFICE BOX)	3 -

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:	NAT	Alia	VES	7 iA .		
New Registered Office Address:	10899	sω	72~0	<u>s</u> +	ste	203
;			rida street address		/	
	MÎAMI		. Flo	rida	331	73
	C	ity			Zip Code	3

## 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.

huther Vom

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	NATAlia VEGA	10899 SW 72ND St	
		SIE 203	0.0
		MIAMI FL 33173	
MGR	ALTAGRACIA A. VICTORIA	10899 SW 7225 St	🗆 Add
	-	ste 203	Remove
	-	MiAMI, FL 33173	_ 🗆 Change
			_ 🗆 Add
	-		_ 🗆 Remove
	-		□Change
,			🗆 Add
			_ 🗆 Remove
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			_ 🗆 Add
	-		_ 🗆 Remove
	·		Change
- <u></u>			□Add
	—		
	—		□Change

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

NONE		i uuunonui sneeis, ij ne	cussury.j
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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) <u>Note:</u> 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 October 01 Signature of a member or authorized representative of a member NATAlia VEGA

Typed or printed name of signee