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Amend

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COVER LETTER

Registration Section Division of Corporations

TO:

	Health Group LLC		, ,		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Guy Finkelstein				
		Name of Person			
	Innovative Health Group I	LC			
	·	Firm/Company	<u> </u>		
	1280 SW 36th Ave Suite 1	00			
		Address			
	Pompano Beach, FL 3306	9			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	owners.ihg@gmail.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
-		954 254-8839 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sc	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		ZTIJ IN. MIUHIC	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Innovative Health Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/03/2017 and assigned Florida document number _____L17000098480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Guy Finkelstein Name of New Registered Agent: 4601 NW 10th Ave New Registered Office Address: Enter Florida street address ____, Florida 33309 Zip Code Fort Lauderdale

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.

City

'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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
· 			🗆 Add
	•		□Remove
			□ Add
			□Remove
			□Change
			□Remove

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 move than 90 days after filing.) Pursuant to 605.0 Nuts: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 tord is filed. Dated March 10th 2020 Significate by a member or authorized representative of a member			·		· · ·
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Signature of a member or authorized representative of a member	Dated March 10th	2020	·		
Signature of a member or authorized representative of a member		(IIM)			
signature of a member of authorized representative of a member	- 44 Fr		authorizad rapracantati	a of a mambar	
	•	inguature of a member of	authorized representati	re of a memoer	
	Guy Finkelstein				