L17000098480

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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2020 OCT 23 PM 4: 50
SECREDATION OF 1

LdA. 12/02/20

TO: Registration Sec Division of Corp			
SUBJECT:In	novative Health	Group LLC	
	novative Health Name of Lin	uted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspor	idence concerning this matter	to the following:	
	G0	y Finkelstein Name of Person	
		Name of Person	
	Innovative +	Firm Company	
	4601 NW 10	th Ave	
	Eries I rivalu		ì
	- TORT CROCK	rdale FL 3350° City/State and Zip Code	
	Owners. In	9 @ gmad. Com	fication)
or further information co	ncerning this matter, please co	all:	
Guy Finke Name of	1.54cin Person	at (<u>954</u>) <u>254</u> - Area Code Daytim	9839 e Telephone Number
inclosed is a check for the	following amount:		
J/S25 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 Se		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TÒ:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AND DESCRIPTION OF A STREET, A DESCRIPTION OF

TO ARTICLES OF ORGANIZATION OF

Innovative Hea	alth GROUP LIC	
(<u>Name of the Limited Ljability</u> (A Florida L	v Company as It now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>し1</u> 7000018480	ompany were filed on May 3, 2017 and assigned	d
	- ^	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRE</u>	ESS)	····
		<u>T1</u>
Enter new mailing address, if applicable:	ω	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
	<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new reg	istere
Name of New Registered Agent:		
New Registered Office Address:		-
THE STREET, NAME OF TAXABLE OF	Enter Florida street address	
	Florida	
	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

or.r	emov	ed i	from	our	records:
	C 111111	Lu	R.D. 47943	V WI	I C C C I C C C .

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Jonathan Swisher	22001 Brown Farm Way	<u>w</u> Add
		Brookeville, MD 20833	□Remove
			ZAdd
			URemove
	•		L'Change
			LJRemove
			TChange
·			U.Add
			CIRemove
			Change
			CAdd
			URemove
			Change
			Z.Add
			[DRemove

	Pi.
	
Tective date	e, if other than the date of filing: ASAP (optional)
ore: it off a	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020° ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cument's of	fective date on the Department of State's records.
ecord sp <mark>ec</mark> ifi is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is meg.	
ited	10/15 /2020///
	Must Juful
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00