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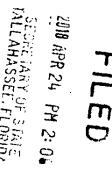
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	iHEAL In	formatics LLC		
oobone.			ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Desiree Cox	-Maksimov	
			Name of Person	
		iHEAL Info	ormatics LLC	
			Firm/Company	
		1181 NW :	51 Street, PMB 1278 Hangar 4:	2-D
			Address	
		Fort Lauder	dale, Florida 33309	
		7 011 724404.	City/State and Zip Code	
			x@gmail.com	
			to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ca	ali:	
Ja	innese Corre		at ( <u>305</u> ) <u>350-5690</u>	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
<b>X</b> \$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: 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

iHEAL Informatics LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number _L17000160655	e filed on <b>July 27, 2017</b>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
HEALinc Global Ventures LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the ab	breviation "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 registered agent and/or the new registered office address here:	address on our records, enter	2018 5EC FALLY
Name of New Registered Agent:		APR 2
New Registered Office Address:		138 438 472 472
	Enter Florida street address , Florida	HE SE D
	City	5Zip 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 = M AMBR = A	lanager Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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			Remove				
			☐ Change				
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Filing Fee: \$25.00