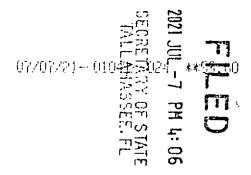
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| (Requestor's Name) |
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| (0) (0) (1) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| , , , |
| (Decument Number) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | | | |
|--------------------------------|---|---|------------------|-----------------------|---|
| New Phase | Healing 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 | ondence concerning this matter | to the following: | | | |
| | Christina Gonzalez Kurlan | cl | | 2021 J SECP TAI | _ |
| | | 2021 JUL -7 PH 4: 06 SECRETARY OF STATE TALLAHYSSEE, FL | | | |
| | | Firm/Company | | PH SSE | 1 |
| | | E. FLE STAI STAI | | | |
| | | Address | | | |
| | JUPITER, FL 33477 | | | | |
| | | City/State and Zip Code | | - | |
| | cgonz18@ gmail.com | to be used for future annual report notil | ication) | | |
| For further information c | oncerning this matter, please ca | · | | | |
| Christina Gonzalez Kurland | | 917 337-0872 | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for th | ne following amount: | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| Mailing Address Registration S | Section | Street Address: Registration Sec | | | |
| Division of C P.O. Box 632 | | Division of Corp The Centre of T | | | |
| Tallahassee, 1 | FL 32314 | 2415 N. Monroc | Street, Suite 8 | 10 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liabil (A Florid | ty Company as it now appears on our records.) Limited Liability Company) | |
|---|---|--------------|
| The Articles of Organization for this Limited Liability C | Sompany were filed on 05/16/2018 and assigne | ed |
| Florida document number 1.18000122471 | _· | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| Body and Brain Integrative Care LLC | 700 7 T | ก |
| The new name must be distinguishable and contain the words "Lin | ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD) | RESS) | $\dot{=}$ |
| | RESS) | _ |
| | TE 36 | |
| Enter new mailing address, if applicable: | | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. H amending the registered agent and/or registere agent and/ <u>or the new regis</u> tered office a <u>ddress h</u> ere: | i office address on our records, enter the name of the new reg | gist |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| new registered office radicas. | Enter Florida street address | |
| | , Florida | |
| | | |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ective date, if other than t | he date of filir | ıa. | | | (optional) | | |
| effective date is listed, the date n | nust be specific an | d cannot be prior | to date of filing | or more than 90 da | iys after filing.) I | ursuant to 6 | 05,0201 isted as |
| ument's effective date on the | | | | | | | |
| | | | 15.01 | , | 2 1 2 22 | 0011 | |
| cord specifies a delayed effec s filed. | ave date, but no | t an effective ti | me, at 12:01 a. | m, on the earlie | ror: (b) The | 90th day at | ter the |
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Filing Fee: \$25.00