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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HOLLAND & KNIGHT LLP

Account Number : 120000000112 Phone : (305)789-7758

Fax Number : (305)789-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIOCURE INTEGRATIVE MEDICINE, LLC

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	istration Se ision of Cor			
SUBJECT:	BioCure In	tegrative Medicine, LLC	μ · · · · · · · · · · · · · · · · · · ·	
SCIDSION I	<u> </u>	Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Joaquin W. Rosado		
			Name of Person	-
		BioCure Integrative Medic	cine, LLC	
			Firm/Company	-
		2731 EXECUTIVE PARK	ORIVE, SUITE 7	
			Address	-
		Weston, Florida 33331		
			City/State and Zip Code	-
		dirosado@getbiocure.com		
		E-mail address: t	to be used for future annual report notification)	
For further in	formation c	oncerning this matter, please c	all:	
Joaquin W. R	osado		305 519-6214 at ()	
	Name of	f Person	Area Code Daytime Telephone Number	r
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
	lingAddres Istration S		StreetAddress: Registration Section	
-		orporations	Division of Corporations	
	Box 632		The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rus Audit 11230/002833363

(Name of the Limited Liability Company as it now appears on our reco	ords.)
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Company were filed on July 20, 2018	and assigned
	andassigned
Horida document number £18000175147	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BioCure Health, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li	LC" 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:	
	~ ~
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Mailing address MAY BE A POST OFFICE BOX)	er the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, entered office address on our records.	-
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, entered office address on our records.	-
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, entogent and/or the new registered office address here:	er the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, entered office address on our records.	er the name of the new register
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enterent and/or the new registered office address here: Name of New Registered Agent:	er the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, entergent and/or the new registered office address here:	er the name of the new register
New Registered Office Address: Enter Florida street addr	er the name of the new register

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. Thereby confirm that the limited liability company has been notified in writing of this change.

To:

_____ □ Change

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 = AMBR =	Manager Authorized Member		648 Miller 112 066328 6 65
<u>Title</u>	<u>Name</u>	Address	Type of Action
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To:

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ecord specifies a delayed effecti is filed	ve date, but no	t an effecti ve :	ime, at 12.01 a	m on the earli	er of (b). The	With day after the
August 15,		2023	·			
		do				
Joaquin (do member or aut	norized representa	nive of a membe	r	