

L18000175147

Florida Department of State
Division of Corporations
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From:

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DIVISION OF CORPORATIONS
FALLS CHURCH, VA

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

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2023 AUG 16
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BioCure Integrative Medicine, LLC

 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joaquin W. Rosado

 Name of Person

BioCure Integrative Medicine, LLC

 Firm/Company

2731 EXECUTIVE PARK DRIVE, SUITE 7

 Address

Weston, Florida 33331

 City/State and Zip Code

drosoado@getbiocure.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joaquin W. Rosado

 at (_____) _____
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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Mailing Address:

Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

File Audit: 11230002873363

BIOCURE INTEGRATIVE MEDICINE, 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 July 20, 2018 and assigned
Florida document number L18000175147.

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 "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:

Name of New Registered Agent: _____

New Registered Office Address: _____

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

