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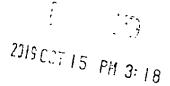
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPECTRA HEALTH & WELLNE (Name of the Limit		iny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited L Florida document number 1.19000064472			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company he	<u>re</u> :
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		101 US HWY 1	
		STE 213	
		FORT PIERCE,	FL 34950
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		101 US HWY I	
		STE 213	
		FORT PIERCE,	FL 34950
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	<u>e</u> :	our records, enter the name of the ne
Name of New Registered Agent: Amparo Cabrera Qu		ra Quintana	
New Registered Office Address:	101 US HWY		
			ida street address
	FORT PIERCE		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.

AMIJATO D Is Is Is If If If Changing Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MAGEE, TIMOTHY	124 N 2ND ST STE 10	
		FORT PIERCE. FL 34950	■ Remove
			🗆 Change
MGR	Amparo Cabrera Quintana	412 Sanibelle Circle. Unit 67	■ Add
		Chula Vista, CA 91910	☐ Remove
			☐ Change
MGR	Kathie Silva	412 Sanibelle Circle, Unit 67	■ Add
		Chula Vista, CA 91910	☐ Remove
			☐ Change
			☐ Remove
			Change
<del></del>	<del></del>		□ Add
			□ Remove
			□ Change
			□ Remove
			□ Change

,	neuding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Amparo Q 1 11
	Amparo De La
	Signature of a member or authorized representative of a member
	Signature of a method of authorized representative of a member

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