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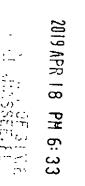
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COVER LETTER

FL Department of 5-tate

	Registration S Division of Co			C .
CLID ILIZ		ALTH, LLC		
SUBJEC	.1:	Name of Limit	ted Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all corresp	ondence concerning this matter to	o the following:	
	,	ELIZABETH LAMBERT-V	WAGGONER	
		<u> </u>	Name of Person	,
		IVRN HEALTH, LLC		
			Firm/Company	
		4300 BAYOU BLVD, UNI	T 35B, SUITE #3	
			Address	· · · · · · · · · · · · · · · · · · ·
		PENSACOLA, FL 32503		
		DANIELLEALSAIGH@GN	City/State and Zip Code IAIL.COM	
		E-mail address: (te	be used for future annual report notifi	cation)
For furthe	er information o	concerning this matter, please cal	II:	
DANIEL	LE IVORY AI	SAIGH	愛 0 at (名い) カラジー	7 ù í ۲
	Name o	of Person		Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIF Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	i itions iter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

IVRX HEALTH, LLC

2019 APR 18 PH 6: 33

in Sestine

(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 MARCH 26, 2019 and assigned
Florida document number 1.19000082938	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4300 BAYOU BLVD, UNIT 35B, SUITE #3
(Principal office address MUST BE A STREET ADDRESS)	PENSACOLA, FL 32503
Enter new mailing address, if applicable:	4300 BAYOU BLVD, UNIT 35B, SUITE #3
(Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32503
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,
	, Florida
	City Zip Code
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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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALANA ROSE LACY	411 N. D STREET PENSACOLA, FL 32501	
			☐ Remove
			☐ Change
AMBR	JOHN WAGGONER	4421 AMBERWOOD CIRCLE PACE, FL 32571	\
			☐ Remove
			☐ Change
			Add
			Remove
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	ective date is light the date ingent's effective ord specifi	ve date, if other than ective date is listed, the date if the date inserted in the ent's effective date on the ord specifies a dela	ve date, if other than the date of the date is listed, the date must be specific the date inserted in this block doem, and the Department's effective date on the Department ord specifies a delayed effe	ve date, if other than the date of filing: betive date is listed, the date must be specific and callf the date inserted in this block does not medent's effective date on the Department of State	ve date, if other than the date of filing:	ve date, if other than the date of filing:	ve date, if other than the date of filing: entive date is listed, the date must be specific and cannot be prior to date of filing or more if the date inserted in this block does not meet the applicable statutory filing remains effective date on the Department of State's records.	ve date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12	ve date, if other than the date of filing:	ve date, if other than the date of filing: (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00