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Amendais

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COVER LETTER

RONALD KANKA at (Div	ision of Corpo	orations	**		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RONALD D KANKA Name of Person INTEGRATIVE NURSE COACH ACADEMY	CUBICA	INTEGRATI	VE NURSE COACH ACAD	EMY, LLC		
Please return all correspondence concerning this matter to the following: RONALD D KANKA Name of Person INTEGRATIVE NURSE COACH ACADEMY Firm/Company PO BOX 546095 Address SURFSIDE. FL 33154 City/State and Zip Code RKANKA@INURSECOACH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONALD KANKA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: FOR Y USI DOUS STONE S25.00 Filling Fee Certificate of Status & Certificat Copy (Certificate of Status & Certificat Copy)	SUBJECT:		Name of Lim	ited Liability Company		
Please return all correspondence concerning this matter to the following: RONALD D KANKA Name of Person INTEGRATIVE NURSE COACH ACADEMY Firmt/Company PO BOX 546095 Address SURFSIDE. FL 33154 City/State and Zip Code RKANKA@INURSECOACH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONALD KANKA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: FOLY S25.00 Filing Fee Certificate of Status Certificat Copy Lead of Status & Certificat Copy Certificate Cop	· ·					
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INTEGRATIVE NURSE COACH ACADEMY Firm/Company			RONALD D KANKA			
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Address SURFSIDE, FL 33154 City/State and Zip Code RKANKA@INURSECOACH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONALD KANKA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}			INTEGRATIVE NURSE (COACH ACADEMY		
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SURFSIDE, FL 33154 City/State and Zip Code RKANKA@INURSECOACH.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RONALD KANKA at (305 9784815			PO BOX 546095			
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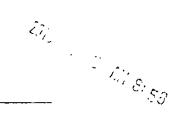
TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INTEGRATIVE NURSE COACH ACADEMY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Flonda Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	npany were filed on $\frac{0}{2}$	7/30/2019	and assigned
Florida document number L19000194778			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>		
Enter new mailing address, if applicable:	PO BOX 546	95	
(Muiling address MAY BE A POST OFFICE BOX)			
	SURFSIDE, F	L 33154	
Name of New Registered Agent:	ss here:		
New Registered Office Address:	Enter Fi	orida street address	
		, Flor	ida
	City		ida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance on the properties of the performance of the perform	of my duties, and Chapter 605, F.	I am familiar with and S. Or, if this document is
	If Changing Registered /	Agent, <u>Signature of</u>	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>	Name	Address	Type of Action
AMBR	KAREN AVINO	318 BROCKTON RD WILMINGTON, DE 19803	Add
			□ Remove
			☐ Change
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<u>Note:</u> 11	ve date, if other than the date of filing:	:05.0207 isted as
f the reco b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	tier of
	AUGUST 30 2019	
Dated A	· · · · · · · · · · · · · · · · · · ·	
Dated A	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00