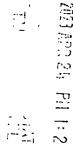
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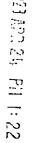
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Divisio	on of Cor	porations				
N. N	IUNAY I	NTEGRATIVE HEALTH LI	.C			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return al	l correspo	ndence concerning this matter	to the following:			
		ACEVEDO, CARMEN I	IELENA			
Name of Person						
	MUNAY INTEGRATIVE HEALTH LLC					
FirmeCompany						
		950 SW 138th AV B-11	I			
	Address					
		PEMBROKE PINES FL	33027			
			City/State and Zip Code			
		chacevedoh@gmail.com E-mail address: 6	to be used for future annual repor	t netification)		~1
For further info	rmation co	oncerning this matter, please ca		•	- }	03 ET 24
ACEVEDO, C	CARMEN	HELENA	at () Area Code D	56		5.5
	Name of	Person	Area Code D	aytime Telephone Number		
Enclosed is a cl	heck for th	e following amount:			$\frac{1}{r} = \frac{1}{r}$	Fii 1: 22
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificat Certified	e of Status	
Regis Divis	ng Address stration S tion of C Box 632	Section orporations				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears on our rec ed Liability Company)	ords.)
any were filed on 08/20/2019	and assigned
iability company here:	
iability Company," the designation "I	LLC" or the abbreviation "L.L.C."
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	711
	1.1 2
ce address on our records, <u>en</u>	ter the name of the new registere
Enter Florida street odd	dress
	Florida
City	Zip Code
	iability company here: iability Company," the designation "I

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>	Address	Type of Action
MGR	RODRIGUEZ, LIBSEN	950 SW 138th AV B-111 Ft. 33027	□Add
			≡Remove
			□Change
			□Add
			□Remove
			□Change
		<del> </del>	
			Remove
			: □Change
	•		
			□Remove
			□Add
			□Remove
		••••	Change
			□Add
			□Remove
			□ Change

). If amending any other informat	tion, enter change(s) here: (/	Attach additional sheets, if n	ecessary.)
			<del></del>
<del> </del>			
····			
45-			
<del></del>		<del></del>	<del> </del>
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable	(op the of filing or more than 90 days at statutory filing requirements, t	otional) fer filing.) Pursuant to 605.0207 (3 his date will not be listed as th
the record specifies a delayed effective cord is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated April. 18th	2023		.~2
	9,23		29.23 / 6.2
	Signature of a member or authorized	d representative of a member	27
RODRIGUEZ, LIBSEN	ŗ		<u> </u>
	Typed or printed na	ime of signee	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00