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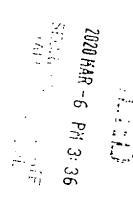
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		••
	lth Kendall, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
rease return an correspo	modice concerning this matter	to the following.	
	Andrew Sands		
		Name of Person	
	Power Health Kendall		
		Firm/Company	 -
	12001 SE 128th Court Sui	te 201	
		Address	
	Miami, Florida 33186		
		City/State and Zip Code	
	DrSands@PowerHealthFlor	rida.com to be used for future annual report not	rtication)
For further information c	oncerning this matter, please c	-	
Andrew Sands			
		786 525-2599 at ()	<u> </u>
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Helath Kendall, 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 2/13/20 and assigned Florida document number $\frac{L20000050670}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC. 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

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

Title	Name	Address	Type of Action
MGR	Yelimar Manrique	12001 SW 128th Court Suite 201	■Add
		Miami, Florida 33186	□Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date in sorte: If the date inserted in this ocument's effective date on the	block does no	t meet the applica	o date of filing or mobile statutory filing	(option than 90 days after grequirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a
record specifies a delayed effect l is filed.	ive date, but r	not an effective tir	me, at 12:01 a.m. c	on the earlier of: (b)) The 90th day after the
ated	/A	2020			

Filing Fee: \$25.00