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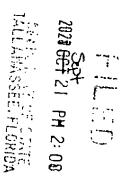
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Special Instructions to	Filing Officer:	
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COVER LETTER

		stration Section of Corp						
SUBJEC		Jacksonville	Health Solutions, LLC			Ĭ		
SOBILE		<u> </u>	Name of Lim	ited Liability Company		·		
The enclo	osed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please ret	tum	all correspo	ndence concerning this matter	to the following:				
			Albert Meyer					
				Name of Person				
			Law Office of Al Meyer, P	'A			2023	
				Firm/Company				; ,-•-
			55 S.E. 2nd Ave., 1st Floor	<u> </u>				1
				Address			FE X	· (_
			Delray Beach, FL 33444				PM 2: 08	
			al@almeyerlaw.com	City/State and Zip Co	ode		⇒	
			E-mail address: (to be used for future ann	nual report notif	ication)		
For furthe	er in	formation co	oncerning this matter, please co	all:				
Albert M	Eyer			561 at ()	3980634			
		Name of	Person	Area Code	Daytime	: Telephone N	umber	
Enclosed	is a	check for th	e following amount:					
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	y	Cer Cer	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed	
]]]	Reg Divi P.O.	ing Address istration S sion of Co Box 632 ahassee, F	Section orporations 7	Regi Divi The 2415	et Address: istration Sectision of Con Centre of Ton N. Monroe ahassee, FL	porations allahassee Street, Su		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jacksonville Health Solutions, LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 1, 2020	and assigned
Florida document number L20000273097		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Jacksonville Integrative Health, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2875
(Principal office address MUST BE A STREET ADDRESS)		SP TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 PM 2: 09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	e,mer r wriag street aaaress	
	, Florida	
	Cin [,]	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.

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
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			□ Remove
			□Change
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ective date, if other the effective date is listed, the e	date must be specific a	and cannot be prior	to date of filing or	more than 90 days a	ptional) ofter filing.)	Pursuant to 605.03
e: If the date inserted in ument's effective date or	this block does no	t meet the applic	able statutory fil:	ing requirements.	this date v	vill not be listed
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cord specifies a delayed	offoctive date: but r	ot an effective t	me ar 12:01 a m	on the earlier of	th) The	90th day after th
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