Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000077972 3)))

	Doing so will generate and	```
То:		
	Division of Corporations Fax Number : (850)617-638	3
From:		
	Account Name : ICONNECT SOLI Account Number : I20198000122	JTIONS CORP
	Phone : (407)863-009	5
	Fax Number : (407)612-218.	•
**Enter t	he email address for this busine	ess entity to be used for future
	gal report mailings. Enter only	one email address please.**
Emai	il Address:	
LL	C AMND/RESTATE/CORRE	
	INTEGRATIVE HEALT	
	Certificate of Status	0
	Certified Copy Page Count	01
7.11.1	Estimated Charge	S25.00
- <u>:</u> .	Estimated Charge	

K. SALY MAR - 2 2022

Page: 2 of 5

2022-03-01 17:54:59 GMT

14076122181

From EMERSON CORREA

COVER LETTER

SUBJECT:	IVE HEALTH SCHOOL LLC
SCBJECT:	Name of Limited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm/Company
	6735 CONROY ROAD STE 309
	Address
	ORLANDO.FL 32835
City/State and Zip Code	
	CONTACT@ICONNECTSC.COM
	E-mail address: (to be used for future annual report notification)
For further information ed	oncerning this matter, please call:
EMERSON CORREA	407 863 (XY26 at ()
Name of	

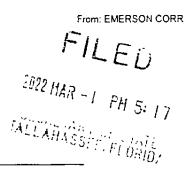
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



INTEGRATIVE HEALTH SCHOOL LLC

Page: 3 of 5

(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 Com-	pany were filed on <u>01/29/202</u>	21 and assigned
Florida document number $\frac{L21000053437}{L21000053437}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
INTEGRATIVE HEALTH TECHNOLOGIES LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
H22000077972 3		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records	s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my di it as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
ī	f Changing Registered Agent, Si	gnature of New Registered Agent

To: +18506176383

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2022-03-01 17:54:59 GMT

14076122181

From: EMERSON CORREA

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 = M $AMBR = A$	lanager Authorized Member	H220000779	972 3	
Title	Name		Address	Type of Action
				□Add
				□ Reniove
				□ Reniove
				☐Add P
				Remarke -
				Change
				□Add
				Remove
				☐ Change
				□Add
				□Remove
				□Change
				□Remove
				①Change
				bbA□
				Remove
				□Change

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CHANGING NAME OF BUSI		
		71. 4
		2.3
		93.
		<u> </u>
		
ective date, if other than the c	ate of filing:	(uptional)
 e: If the date inserted in this block 	k does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605,020 ing requirements, this date will not be listed as
ument's effective date on the Dep	artment of State's records.	
	date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
s filed		
ed FEBRUARY 25	2022	
ed	Raylo Mart y Si Sola,	
	Ranglo Maify do Silving	
	ignature of a member or authorized representati	ve of a member