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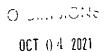
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD IE	IWT Health	n, LLC		
SUBJEC	JI;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Devon Watkins		
			Name of Person	
		IWT Health LLC		
			Firm/Company	<del></del>
		303 SE Osceola Avenue, S	Suite 2	
			Address	
		Ocala, FL 34471		
		<del>\</del>	City/State and Zip Code	<del></del>
		dwatkins@iwthealth.com		
		E-mail address: (	to be used for future annual report notification)	
For furth	er information o	oncerning this matter, please c	all:	
Devon V	Vatkins		270 854-3030 at ( )	
	Name o	of Person	Area Code Daytime Telephone I	Number
Enclosed	I is a check for the	ne following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclosed)
	Mailing Addres	Section	Street Address: Registration Section	
	Division of C	Corporations	Division of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 OF

IWT HEALTH, LLC	0+21 S2, 27 AH 7: 27
(Name of the Limited Liability Compa (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 and assigned
Florida document number L21000106016	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	303 SE Osceola Avenue, Suite 102
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34471
Enter new mailing address, if applicable:	303 SE Osceola Avenue, Suite 102
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34471
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address 27 Act 7: 27	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
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Filing Fee: \$25.00