

L210001L8055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

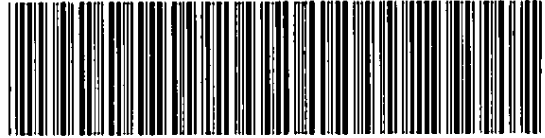
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J. HORNE
OCT 15 2025

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04/08/2025 04:04 PM 25 31

FILED
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

2025 SEP 25 PM 4:35

FILED
SECRETARY OF STATE
DIVISION OF STATE
REGISTRATION
2025 OCT 16 PM 6:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2025

JOEY-ANN ALEXANDER
300 SE 2ND STREET
STE 600
FORT LAUDERDALE, FL 33301 US

SUBJECT: INTEGRAL HEALTH AND WELLNESS LLC
Ref. Number: L21000168055

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Jasmine N Horne
Regulatory Specialist III

Letter Number: 725A00021723

RECEIVED
2025 OCT 13 PM 4:10
TALLAHASSEE, FL 32314

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **INTEGRAL HEALTH AND WELLNESS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEY-ANN ALEXANDER

Name of Person

INTEGRAL HEALTH AND WELLNESS LLC

Firm/Company

300 SE 2ND STREET, STE 600

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

KEN@KMSFINANCIALCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEN SINCLAIR

954 768-6620
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
OF**

FILED
SECRETARY OF STATE (C)
DIVISION OF CORPORATIONS
2023 OCT 14 PM 4:42

INTEGRAL HEALTH AND WELLNESS 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 4/12/2021 and assigned
Florida document number L21000168055.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTEGRAL HEALTH AND WELLNESS PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

_____, **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 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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PROVIDING DIRECT PATIENT CARE FOR GENERAL, MEDICAL AND PSYCHIATRIC SERVICES

[illegible]

E. Effective date, if other than the date of filing: 9/25/2025 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

KEN SINCLAIR

Typed or printed name of signee

Filing Fee: \$25.00