

W23000502631

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HEALTH SERVICES CONSULTING GROUP
Account Number : I20240000159
Phone : (305)810-7054
Fax Number : (305)603-7042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: holisticmedicalclinicllc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLISITIC MEDICAL LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2024 DEC -6 AM 8:12

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOLISTIC MEDICAL 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 11/06/2023 and assigned
Florida document number L23000502631.

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 "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)

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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: Eneida Reyes Figueroa

New Registered Office Address: 5080 NW 74 TH AVE

Enter Florida street address

MIAMI, Florida 33166
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

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|-------------------------|---|
| MGR | Encida Reyes Figueredo | 1251 NE 12 AVE APT B105 | <input checked="" type="checkbox"/> Add |
| | | HOMESTEAD FL 33020 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Filing Fee: \$25.00