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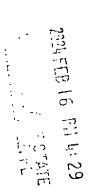
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## **COVER LETTER**

SUBJECT: Healing Hands IV inheritor Center IIII Center III	TO: Registration Se Division of Cor			
Please return all correspondence concerning this matter to the following:    Tupitt   Flew   Flew   Firm/Company	subject: Heaf		V Infusion C	enter hh C
Please return all correspondence concerning this matter to the following:    Tupitt   Flew   Flew   Firm/Company				
Firm/Company  3141 S Wultary Traul, Stell D R  Address  La He Worth the J 33463  City/State and Zip Code  Julifer H 3 Registration Section Division of Corporations P.O. Box 6327  Firm/Company  Address  Firm/Company  3141 S Wultary Traul, Stell D R  Address  Firm/Company  3346 3  Address  Firm/Company  346 3  Address  Address  Address  Address  Firm/Company  346 3  Address  Address  Area Code  Julifer H 10 R  Area Code  Julifer Telephone Number  Stock for the following amount:  Certificate of Status  Certificate of Status  Certificate of Status & Certif	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Address  14 No Worth Fl. 33463  City/Stake and Zip Code  Jufferff 20 Mailing Address:  Enclosed is a check for the following amount:  Enclosed is a check for the foll	Please return all correspo	ndence concerning this matter	to the following:	
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Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)   Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Certified Copy (additional copy is enclosed)  The Certified Copy (additional copy is enclosed)  The Centre of Tallahassee	Enclosed is a check for th	ne following amount:		
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee				tion
	Division of C	orporations	Division of Corp	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healing Hands IV (nguion Center in Came 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 Florida document number <u>\\2400062</u> .54	vere filed on <u>02/07</u>	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Hands IV LYLU The new name must be distinguishable and contain the words "Limited Biability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		The abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:  New Registered Office Address:	N/A	
New Designated Agent's Signature if shanging Designated Agents	Enter Florida street address Flori City	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familtar With and S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
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C. Effective date, if other than the date of filing:	ursuan	n to 603. be liste	<b>○</b> : <b>6≥</b> 07 (3)(ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ecord is filed.	90th d	ay after	the
Dated 02/10/2024			
Junta Flumon JF Signature of a member or authorized representative of a member			
Jubiter Fley Ruyon Typed or printed name of signee			