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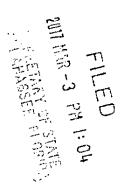
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Integra	ited Altern	ative Medicine, Inc
DOCUMENT NUMI	BER: P9400	0026167	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MA	zy HoL+Z	
		Name of Contact Person	n
	Integrated	( Alternati	ve Medicine
		Firm/ Company	**************************************
	519 HUXF	ord CT	
		Address	
	LAKE MAR	LY FL 3	32746
		City/ State and Zip Cod	e
	drmary	holtzo	gmail.com
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Mary	Holtz	at ( 772	678 8750
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address		Address
	endment Section sion of Corporations		Iment Section on of Corporations
5.71	- con portations	D1413K	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

### Articles of Incorporation

Tategrate	d Alternation	re Medici	ne Inc.
	f Corporation as currently fi		
ρ	94000026	167	
• • • • • • • • • • • • • • • • • • •	(Document Number of Co	orporation (if known)	
ursuant to the provisions of section 607.  Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation ad	lopts the following amendment(s) to
If amending name, enter the new na	me of the corporation:		The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpora	
. Enter new principal office address. Principal office address <u>MUST BE A S</u>		Mark to the state of the state	-
. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of	cable: DFFICE BOX)		
. <u>If amending the registered agent an</u>	d/or registered office address	in Florida, enter the nam	same agent:  Beorthe Amending my  middle na
new registered agent and/or the new		Larva Hal	+2 middle na
Name of New Registered Agent	MARY KAY	-MI YII FIOC	
	519 Huxford (Florida street)	CT LAKe	Mary FL 32746
New Registered Office Address:	(Cit		Florida(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	Title	Name	Address
i) Change	$\vee$	Arnold W. Holtz	519 Huxford CT Lake Mary FL
Add			32746
2) Change		_	
Add			
3)Change	<del></del>	**************************************	water to the said of the first of the said
Add			
4) Change Add	<del></del>		
Remove			
5)Change			
Add			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u>	cles, enter change(s) here:
(Attach additional sheets, if necessary).	
<u>`\</u> ?	
P :	
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
NA	
	· · · · · · · · · · · · · · · · · · ·
<u>, , , , , , , , , , , , , , , , , , , </u>	

The date of each amendment(s) adoption:	3-1-201		if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	3-1-2017		
	(no more than 90 days after amen	dment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		ing requirements, this date will no	ot be listed as the
Adoption of Amendment(s) ( <u>CHE</u>	CK ONE)		
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting g			
"The number of votes cast for the amend	ment(s) was/were sufficient for ap	proval	
by	g group)	·"	
(votin	g group)		
☐ The amendment(s) was/were adopted by the braction was not required.	oard of directors without sharehold	ler action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder a	ction and shareholder	
Dated 3-1-20	17	1/08=	Priseder
(By a director, presid	ent or other officer – if directors of porator – if in the hands of a received		1/asco-40
appointed fiduciary h		•	
MA	RY KATHRYN -	HOLTZ	
T)	yped or printed name of person sig	gning)	
	President		
	(Title of person signing)		