





Signature of Authorized Person:

Jill Stiller

Sign Here

STATE OF IDAHO

Office of the secretary of state, Lawerence Denney

AMENDMENT TO CÉRTIFICATE OF ORGANIZATION OF LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00 For Office Use Only

-FILED-

File #: 0004600304

02/08/2022

Date

Date Filed: 2/8/2022 12:13:23 PM

Amendment to Certificate of Organization of Limited Liability Company			
	Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$30)
1	The current name of the limited liability company is:		INTEGRATIVE HEALTH SOLUTIONS PLLC
	The file number of this entity on the records of the Idaho Secretary of State is:		retary 0000591821
E	ne file number of this entity on the records of the Idaho Secretary State is: ntity Type: ntity Subtype: ne date the certificate of organization was originally filed: led Liability Company Name ntity name lession ne business is organized to practice the profession of: ne complete street address of the principal office is amended to: rincipal Office Address		Limited Liability Company
E	Entity Subtype:		Professional Limited Liability Company
7	The date the certificate of organization was originally filed:		2018-02-01 12:00:00.000
Limited Liability Company Name			
Entity name			INTEGRATIVE HEALTH SOLUTIONS PLLC
Profession			
7	Limited Liability Company Name Entity name Profession The business is organized to practice the profession of: 2. The complete street address of the principal office is amended to: Principal Office Address		Nursing
The complete street address of the principal office is amended to:			
F	of State is: Entity Type: Entity Subtype: The date the certificate of organization was originally filed: mited Liability Company Name Entity name ofession The business is organized to practice the profession of: The complete street address of the principal office is amended to: Principal Office Address The mailing address of the principal office is amended to: Mailing Address Managers and Members Name Title Jill Stiller Manager 83 C.		110 CALIBER DRIVE
			SANDPOINT, ID 83864
		office is amended to:	on of: Nursing to:
ı	Mailing Address		+· + · · · ·
4. Managers and Members			
ı [Name	Title	Address
	Jill Stiller	1	3 CALIBER DRIVE ANDPOINT, ID 83864
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