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Division of Corporations

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

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

Email Address: ntaniguchi@goodwinprocter.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASGARDHEALTH, LLC**

RECEIVED

14 AUG 29 AM 6:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

14 AUG 29 AM 9:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AsgardHealth, 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:

William Davisson, Esq.
Name of Person
Goodwin Procter LLP
Firm/Company
135 Commonwealth Drive
Address
Menlo Park, California 94025
City/State and Zip Code
ntaniguchi@goodwinprocter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Taniguchi at 650 752-3272
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AsgardHealth, 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 March 19, 2001 and assigned Florida document number L01000004185

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 end with 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:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.

Donna Elkin Asst. Sec.
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

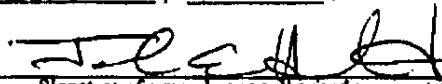
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 29, 2014, 2014



Signature of a member or authorized representative of a member

RiverMend Health, LLC, Sole Member, by John Hamilton, Treas.

Typed or printed name of signee

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 STATE OF FLORIDA
 DEPARTMENT OF STATE