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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullinan AUG 20 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameri-Life & Health Services of the Suncoast, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon A Owens
Name of Person

American Insurance Administrators, LLC
Firm/Company

2536 Countryside Blvd
Address

Suite 501 Clearwater, Fl 33763
City/State and Zip Code

sowens@aiasvcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon A Owens at (727) 216-0859
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Ameri-Life and Health Services of Holiday, L.L.C.

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 09/13/2000

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TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 08/10/2010

5. New name of the limited liability company: Ameri-Life and Health Services of The Suncoast, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

Timothy O North
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERI-LIFE AND HEALTH SERVICES OF HOLIDAY, L.L.C.", CHANGING ITS NAME FROM "AMERI-LIFE AND HEALTH SERVICES OF HOLIDAY, L.L.C." TO "AMERI-LIFE & HEALTH SERVICES OF THE SUNCOAST, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF AUGUST, A.D. 2010, AT 3:26 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3276023 8100

100816587

AUTHENTICATION: 8165917

DATE: 08-11-10

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:37 PM 08/10/2010
FILED 03:26 PM 08/10/2010
SRV 100816587 - 3276023 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Ameri-Life and Health Services of Holiday, L.L.C.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:

AMERI-LIFE & HEALTH SERVICES OF THE SUNCOAST, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 9TH day of August, A.D. 2010.

By: _____
Authorized Person(s)

Name: Timothy O. North
Print or Type