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03/24/17--01009--028 **52.50

MAR 2 7 2017 S. YOUNG SECRETARY OF STATE ALLIAMASSEE, FLOSION

COVER LETTER

Division of	n Section f Corporations				
SUBJECT:	Add	ing Limite	ed Partn	ers	
	Name of Florida Limited Pa				
The enclosed Cert	ificate of Amendment a	and fee(s) ar	re submitte	ed for filing.	
Please return all co	orrespondence concerni	ing this mat	ter to:		
	Joseph Castranova II	11			
	Contact Person				
Healthc	are Revenue Networ	k, LLLP			
	Firm/Company				أمسد
1620	1 SW 95th Ave, Suite	e 300			
	Address				7
	Miami, FL 33157				
	City, State and Zip Code				
	joe@hrsrcm.com				
E-mail address:	to be used for future annua	l report notific	cation)		
For further inform	ation concerning this m	natter, pleas	e call:		
Joseph	Castranova III	at (_ 3	05)_	799-9422	
Name of Cor	ntact Person	Area	Code and D	aytime Telephone Number	
Enclosed is a chec	k for the following amo	ount:			
\$52.50 Filing Fce	\$61.25 Filing Fee and Certificate of Status		0 Filing Fee fied Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRE	ESS:]	MAILING	G ADDRESS:	
Registration Section				on Section	
Division of Corpor	rations			f Corporations	
Clifton Building 2661 Executive Ce	enter Circle		P. O. Box Tallahasse	e, FL 32314	
Tallahassee, FL 3			i ananasse	0,1D J2J17	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

HEALTHCARE REVENUE NETWORK, LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620 limited liability limited partnership, who 02/24/2017, ass	se certif	icate was filed w	ith the Florida D	epartment of Stat	e on
adopts the following certificate of amen					
This amendment is submitted to amend the f	ollowing:				
A. If amending name, enter the new nam here:	e of the	limited partnersh	<u>ip or limited liab</u>	ility limited partne	<u>ership</u>
		N/A	_		
New name must be	distinguis	hable and contain as	acceptable suffix.		
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnership	p suffixes:	Limited Liability Li	mited Partnership, i	3	SEURE
B. If amending mailing address and/oprincipal office address here:	or princi	pai omce addre	ess, <u>enter new in</u>		65.5 65.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5
New Principal Office Add (Must be STREET address)	lress:	16201 SW 95 SUITE 300 MIAMI, FL 33		PM 3: 28	E. SECONOL
New Mailing Address: (May be post office box)		PO BOX 228 MIAMI, FL 33			·
C. If amending the registered agent and new registered agent and/or the new regis	/or regist tered offi	ered office addre ce address here:	ess on our record	s, <u>enter the name</u>	of the
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A	Enton E	lorida street addre		
		Enter F	ioriaa sireei aaare	33	
		City	, Florida	Zin 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.

If Changing Reg	ristered Agent, Signal	ture of New Regis	tered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

	<u>Title</u>	Name	Address	Type of Action
	<u>LP</u>	NICE CONSULTING, IN	5460 NW 107 AVE APT 111 DORAL, FL 33178	_ Add _ Remove
	LP	JRNB, LLC	13335 SW 102 TERR	_
			MIAMI, FL 33186	- Dremove 1
	CFO	JULIAN M. RIVERA	2700 NW 100 AVE	_ 🗹 Add 🕠 🚉
			DORAL, FL 33172	_ ∏Remove 🎖 👼
				Add Remove
	 			_ Add _ Remove
				_
				_
E. I	f the limited p ted partnership	oartnership or limited liability p" status, enter change here:	limited partnership is amen	ding its "limited liability
	-	Partnership hereby elects to be	a "Limited Liability Limited Pa	rtnership."
	,	Partnership hereby removes its	•	•
	i instituted	a armer such ner charemoves its	runged righting runited Lat.	meramp status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

SCC and the state of the state	03/20/2017
Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after the	
tate.)	
ignature(s) of a general partner or all general par	
*NOTE: Only one current general partner is required to sign the moving a "limited liability limited partnership" election staten	his document unless the limited partnership is adding or need. Chapter 620, F.S., requires all general partners to sign
then adding or removing a limited liability limited partnership	The state of the s
	election statement.)
fruit of	PR
	<u>ــــــــــــــــــــــــــــــــــــ</u>
	28
<u>signature(s) of all new or dissociating general part</u>	tner(s), if any:
NA	NA
Filing Fee: \$52.50	