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SECRETARY OF STATE

CORPORATE ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1.	ARETE HEALTHCARE PI	
	(CORPORATE NAME AND DOCUMEN	T #)
2.	(CORPORATE NAME AND DOCUMEN	T #1
3.	(CORPORATE NAME AND DOCUMEN	T #)
4.		
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SPECIA INSTRU	L JCTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

" JUL 12 PM 7: 17

Avant Healthcare Pro	ofessionals, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record CL Liability Company)	RETARY OF STATE LLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company	y were filed on 7/02/2003	and assigned	
Florida document number L03000024191			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1211 State Road 436		
(Principal office address MUST BE A STREET ADDRESS)	Suite 195		
	Casselberry, FL 32707		
Enter new mailing address, if applicable:	1211 State Road 436		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 195		
	Casselberry, FL 32707		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new register	
New Registered Office Address:			
	Enter Florida street address	<u> </u>	
	, Florid	a	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
·			□Add
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ffactive data if other then th	e date of filing: ust be specific and cannot block does not meet the	be prior to date of filir : applicable statutor	(op og or more than 90 days aft y filing requirements, t	er filing.) Pursuant to 605.020
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