## L0300005/935

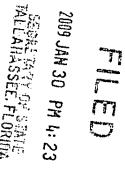
| (Requestor's Name)                      |  |  |  |  |  |
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| PICK-UP . WAIT MAIL                     |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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| A. LUNT                                 |  |  |  |  |  |
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| EXAMINER                                |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: Health (                      | One Technology, LL                                      | .C   |   | a                    |
|--|---|--|---|----------------------|
| SUBJECT: TOURS                         |   | ited Liability Company)  |   | -                    |
| The enclosed Articles of               | Amendment and fee(s) are sub                            | omitted for filing   |   |                      |
|  | •   |  |   |                      |
| Please return all correspon            | ndence concerning this matter                           | to the following:  | •   |                      |
|  | Mark L. Taylor  |  |   |                      |
|  |   | (Name of Person)   |   |                      |
|  | Health One Technology,                                  | LLC  |   |                      |
|  | (Firm/Company)  |  | ;   | g., ≥                |
|  |   |  | <u> </u>  | <b>16 19</b>         |
|  | 15 W Main Street  |  |   |                      |
|  |   | (Address)  | 38.   | 3 3 3 T              |
|  | Pensacola, FL 32502                                     |  | (T)   | 2009 JAN 30 PH 4: 23 |
|  | r erisacola, i E 32302                                  | (City/State and Zip Code)  |   |                      |
|  |   |  | 23  |                      |
| For further information co             | oncerning this matter, please c                         | all:   | <b>3</b>  | <sup>1</sup> ιζ      |
| Mark L. Taylor                         |   | at ( 850 ) 266-7751  |   |                      |
| (Name o                                | (Name of Person) (Area Code & Daytime Telephone Number) |  |   |                      |
|  |   |  |   |                      |
| Enclosed is a check for th             | e following amount:                                     |  |   |                      |
| □ \$25.00 Filing Fee                   | S30.00 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  |   | STREET/COURIER Registration Section                                |   |                      |
| Division of Corporations P.O. Box 6327 |   | Division of Corporations Clifton Building                          |   |                      |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Health One Technology, LLC  |   |   |                               |
|---|---|---|-------------------------------|
| (Name of the Limite   | d Liability Company as i<br>A Florida Limited Liability | t now appears on our record<br>y Company) | <u>s.</u> )                   |
| The Articles of Organization for this Limited 1                                       | Liability Company were                                  | filed on 12/01/2003                       | and assigned                  |
| Florida document number L03000051935  | ·   |   |                               |
| This amendment is submitted to amend the following                                    | ilowing:  |   | ·                             |
| A. If amending name, enter the new name   | of the limited liability c                              | ompany here:                              |                               |
| The new name must be distinguishable and end w "L.L.C."                               | ith the words "Limited Lia                              | ability Company," the designat            | ion "LLC" or the abbreviation |
| Enter new principal offices address, if appli   | cable:  |   |                               |
| (Principal office address MUST BE A STRE  | ET ADDRESS)   |   |                               |
|   |   |   |                               |
| Enter new mailing address, if applicable:   |   |   | 30<br>SSE                     |
| (Mailing address MAY BE A POST OFFICE   | <u> </u>  |   | 7 2 in                        |
|   |   |   | 37 · U                        |
| B. If amending the registered agent and registered agent and/or the new registered of |   | ddress on our records, <u>er</u>          | 15 CU                         |
|   |   |   |                               |
| Name of New Registered Agent:   | Mark L. Taylor  |   |                               |
| New Registered Office Address:  | 15 W Main Street  |   |                               |
|   |   | (Enter Florida stre                       | ,                             |
|   | Pensacola<br>(Cit                                       |   | 1a 32502 (Zip Code)           |
| •   | (0",  | ′′  | (-X 2000)                     |

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                            | Address   | Type of Action |
|--------------|--|---|----------------|
| MGRM         | Biggs, Keith H.                        | 418 N Sunset Blvd<br>Gulf Breeze, Fl 3261       | Add Remove     |
| MGRM         | Arnett, Jeffrey D                      | 1310 E Mallory Street Pensacola, Florida 32502  | Add<br>Remove  |
| MGRM         | Taylor, Mark L                         | 438 Montrose Blyd<br>Gulf Breeze, Florida 32561 | Add Remove     |
| MGRM         | TGC Management, LLC                    | 809 Beverly Parkway<br>Pensacola, Florida 32505 | A & Remove     |
| MGRM         | Biggs 2005 Family Trust, UST           | 54 Calle Marbella<br>Pensacola Beach, Fl. 32561 | Add Refliove   |
| MGRM         | Health One Management, LLC             | 15 W Main Street<br>Pensacola, FL 32502         | Add Remove     |
| D. If amen   | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if nece  | essary.)       |
| Dated Janu   |  | 2   |                |
|              | Mark L. Taylor                         | er or authorized representative of a member     |                |
|              |  | d or printed name of signee                     |                |

Page 2 of 2

Filing Fee: \$25.00