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Florida Department of State
Division of Corporations
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To:
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From:
Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : 120040000104
Phone : (904)366-1500
Fax Number : (904)366-1501

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROVIDIAN FUNCTIONAL CAPACITY SPECIALISTS, LLC

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K. SALY
EXAMINER
OCT - 4 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Providian Functional Capacity Specialists, 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:

Beth Kirwan
Name of Person

Brennan, Manna & Diamond, P.A.
Firm/Company

800 West Monroe Street
Address

Jacksonville, FL 32202
City/State and Zip Code

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

For further information concerning this matter, please call:

Beth Kirwan at (904) 366-1500
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
13 OCT -3 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Providian Functional Capacity Specialists, 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 January 23, 2004 and assigned Florida document number L04000006169.

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)

7785 Baymeadows Way, Suite 302
Jacksonville, Florida 32256

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7785 Baymeadows Way, Suite 302
Jacksonville, Florida 32256

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: David R. Olson

New Registered Office Address: 7785 Baymeadows Way, Suite 302
Enter Florida street address

Jacksonville, Florida 32256
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 608, 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

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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

Title	Name	Address	Type of Action
MGRM	Brian Imler	716 N. Orange Avenue	☐ Add
		Green Cove Springs, FL 32043	☑ Remove
MGRM	Align Networks Sub, Inc.	7785 Baymeadows Way, Suite 302	☑ Add
		Jacksonville, FL 32256	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 2, 2013

Signature of a member or authorized representative of a member

David Olson

Typed or printed name of signee

Filing Fee: $25.00

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