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| Certified Copies Certificates of Status | | | | |
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|---------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SUBJECT: SA-ST. | PETERSBURG, LLC | C | |
| | | ted Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | to the following: | |
| | Ari J. Markenson, J.D., M | | |
| | | (Name of Person) | |
| | Cypress Health Care Mar | nagement, LLC | |
| | | (Firm/Company) | |
| | 4 West Red Oak Lane, Si | uite 201 | |
| | | (Address) | |
| | White Plains, New York | 10604 | |
| | | (City/State and Zip Code) | |
| For further information of | concerning this matter, please ca | III; | |
| Ari J. Markenson | | at (914 ₎ 390-4366 | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | elephone Number) | |
| Enclosed is a check for t | he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SA-ST. PETERSBURG, LLC | | |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on February 20, 2004 | and assigned |
| Florida document number L04000013863 | | - |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 4 West Red Oak Lane, Suite 201 | -1 0 -2 0 |
| (Principal office address MUST BE A STREET ADDRESS) | White Plains, New York 10604 | ACL DE COLOR |
| | | |
| Enter new mailing address, if applicable: | 4 West Red Oak Lane, Suite 201 | SSEET AT IT |
| (Mailing address MAY BE A POST OFFICE BOX) | White Plains, New York 10604 | |
| | | _ 링크 2 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Enter Florida street a | ddress) |
| | , Florida | |
| | (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)

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> | Name | <u>Address</u> | Type of Action |
|--------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------|
| MGRM | CHC-CLP OPERATOR HO | CHC-CLP OPERATOR HOLDING, LLC 4 West Red Oak Lane, Suite 201 White Plains, New York, 10604 | Add Remove |
| MGRM | CHC-SPC OPERATOR, IN | C. CHC-SPC OPERATOR, INC. 4 West Red Oak Lane, Suite 201 White Plains, New York 10604 | Add Remove |
| <u>MG</u> R | Maxwell Stolzberg | 44 South Broadway, Suite 614 White Plains, New York 10601 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If a | mending any other information, en | ter change(s) here: (Attach additional sheets, if necessar | OB DEC 10 AN |
| Dated _ | November 29 | 1 2008 | FLORIDA FLORIDA |
| | Signature of | a member or authorized representative of a member -Authorized representative Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00