

L04000042707

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000004360 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NS3 HEALTH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

JAN 07 2016

Y SULKER

RECEIVED
2016 JAN -6 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JAN -6 AM 10:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NS3 Health, 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 6/7/04 and assigned
Florida document number L04000042707.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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 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

1/6/2016 4:09:04 PM From: To: 8506176383(4/5)

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>	<u>Address</u>	<u>Type of Action</u>
ambr	Premier Snpply Chain Improvement, Inc.	13034 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Charlotte NC 28277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sec. offic	Steve Goodson	13034 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Charlotte NC 28277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Priv. off	Gina Wells-Maynard	13034 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Charlotte NC 28277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst Trea	Dorothy Gentry Rose	13034 Ballantyne Corporate Place	<input type="checkbox"/> Add
		Charlotte NC 28277	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Kendell McManamy	2817 East Oakland Park Blvd, Ste 303	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

16 JAN -6 AM 10:55
MAIL EXPRESS LTD.
STATION

16 JAN -6 AM 10:55
EXPRESS DELIVERY

100

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____

Jing Li
Signature of a member

Signature of a member or authorized representative of a member

Greg Isak
Type

Typed or printed name of signee