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TRANSMITTAL LETTER

	on Section of Corporations	·	,	
SUBJECT:	HEALTH ID NETWOR	RK. LLC	The second of th	inger of actions
2020201	(Name of Limited Liability C	ompany)		
	cles of Amendment and fee(s)	-		
Please return all c	orrespondence concerning this	s matter to the following:		
_	Andrew Lee			6 6 7 T
_	(Name of Pe	rson)		
	N/A	s grade to the		**************************************
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For further information	on concerning this matter, please call	<u>.</u>		
	Lee Thomas at	(954) 536-02	248	· ·
(Nan	ne of Person)	(Area Code & Daytime Teleph	one Number)	
Enclosed is a check for the following amount: \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
STREET ADDRESS Registration Section Division of Corporati 409 E. Gaines Street Tallahassee, Florida	ons	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

OF

HEALTH ID NETWORK, LLC

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on the 20th day of September 2004 and assigned document number L04000068728. Articles of Amendment were filed on April 15, 2005, changing the name of the Company from THE MED PLAN, LLC, to HEALTH ID NETWORK, LLC.

SECOND: The following amendment to the Articles of Organization was adopted by the limited liability company:

> The name of the Company shall be changed, and the new name of the Compa shall be "HEALTH ONE NETWORK, LLC."

Dated May 16, 2005

Signature of a member or authorized representative of a member

Andrew Lee Thomas Typed or printed name of signee