L05000090788

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1. GenOA Healthcare of Florida, LLC
(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GENOA HEALTHCARE OF FLORIDA, 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 September 7, 2005 and assigned Florida document number L05000090788.

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)

18300 Cascade Ave. S., #251
Tukwila, WA 98188

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

18300 Cascade Ave. S., #251
Tukwila, WA 98188

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Kevin Martyn	17660 301st Street Kent, WA 98042	☐ Add ■ Remove
MGR	Denise Jason	9725 SE 36th St., Suite 304 Mercer Island, WA 98040	☐ Add ■ Remove
MGR	Mark Peterson	3459 Washington Street, Suite 200A Eagan, MN 55122	☐ Add ■ Remove
AMBR	Genoa Healthcare Holdings, LLC	18300 Cascade Ave. S., #251 Tukwila, WA 98188	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 3, 2014.

Signature of a member or authorized representative of a member

Victor Breed, CFO of Genoa Healthcare Holdings, LLC, as sole member

Typed or printed name of signee

Filing Fee: $25.00

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