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(Re	questor's Name)			
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ACCOUNT NO. : I2000000195 REFERENCE : 713192 4352697 AUTHORIZATION : COST LIMIT : ORDER DATE : July 3, 2013 ORDER TIME : 11:37 AM ORDER NO. : 713192-005 CUSTOMER NO: 4352697 DOMESTIC AMENDMENT FILING NAME: RONA BARTELSTONE ASSOCIATES, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Susie Knight -- EXT# 52956

COVER LETTER

TO: Registration Section
Division of Corporations

Rona Bartelstone Associates, 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:

Jennifer G. Webb

Name of Person

Humana Inc.

Firm/Company

500 West Main Street, Law Department

Address

Louisville, KY 40202

City/State and Zip Code

jwebb@humana.com

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

For further information concerning this matter, please call:

Jennifer G.Webb

_{at (}502₁580-2777

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rona Bartelstone	Associates, LLC	宣言	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L08000073934	were filed on April 1, 1985	and assigned	
This amendment is submitted to amend the following:		3.3°	
A. If amending name, enter the new name of the limited liab	submitted to amend the following: ame, enter the new name of the limited liability company here: Florida, LLC be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation pal offices address, if applicable: BY51 W. Broward Blvd., Suite 200 Ft. Lauderdale, FL 33324 g address, if applicable: MAY BE A POST OFFICE BOX) To Corporate Secretary Louisville, KY 40202 the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: istered Office Address:		
SeniorBridge-Florida, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	8751 W. Broward Blvd., Su	ıite 200	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, FL 33324		
Enter new mailing address, if applicable:	500 West Main Street		
(Muiling address MAY BE A POST OFFICE BOX)			
muning damess may be at ost of the boar			
registered agent and/or the new registered office address her		er the name of the new	
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 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	Address	Гуре о	f Action
MGRM	SeniorBridge Family Companies (FL), Inc.	1665 Palm Beach Lakes Blvd., Suite 500	· 🗸	Add
		West Palm Beach, FL 33401		Remove
			-	Add
			_	Remove
			 714 [4.]	\$57
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		· · · · · · · · · · · · · · · · · · ·		3 H 2:4
				Remove
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				Remove

). If a	mending any other info	rmation, enter change(s) here: (Attach additio	nal sheets, if necessary.)
		74 W 17 P	
ited	July 1	2013	
	Jan	Lenhe	
	10000	Signature of a member or authorized representative	
	Joan O. Len	ahan, Vice President & Corporat	e Secretary
		Typed or printed name of sinner	

Page 3 of 3

Filing Fee: \$25.00

