## Electronic Filing Cover Sheet

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(((H08000275005 3)))



H080002750053ABC

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To:

Division of Corporations

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From:

Account Name : AKERMAN SENTERFITT (ORLANDO)

Account Number : 076656002425 Phone : (407)423~4000

Fax Number

: (407)843-6610

## C AMND/RESTATE/CORRECT OR M/MG RESIGN

## ENVOY HEALTH CARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEC 1 7 2008

Electronic Filing Menu

Corporate Filing Menu

H080002750053

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ENVOY HEALTH CARE, LLC				
(Name of the 1-Imited Liabi (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)		
he Articles of Organization for this Limited Liability Company were filed on September 26, 2008 and assigned lorida document number L08000091731				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here	<b>:</b>		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compar	ny," the designation "CI	F 6 6 4	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD.	DRESS)		16 F	
			HO P	
			FL0 8:	
Enter new mailing address, if applicable:			0RII <b>6:</b>	
(Mailing address MAY BE A POST OFFICE BOX)			> <u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on o	ur records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street address)			
<del></del>		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Register	ered 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)

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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
	ENVOY MANAGEMENT		
MGR	COMPANY, LLC	800 Concourse Parkway South, Suite 200	Add
		Maitland, Florida 32751	Remove
Medul	ENVOY PARTNERS, LLC	44- B	
MGRM_	ENVOT FARTMENS, ELC	800 Concourse Parkway South, Suite 200 Maitland, Florida 32751	Add Remove
			Add
			Remove
<del></del> -			Add C
			\$PA40 5
	,		Remove
			DF S
			Add —
			Kemove
	as a second		
D. II amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary,	)
_	<del></del>		
-			<del></del>
_			
<del>,</del>			
Dated <u>Dece</u>	mber 16	1008	
			<del></del>
		f a member or authorized representative of a member	
	Patricia M. Fla	nagan, Authorized Representative of Membe	<u> </u>
		Typed or printed name of signee	

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Filing Fee: \$25.00