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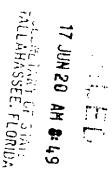
	Requestor's Name)
(Address)
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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE		lthcare, LLC			
30836	CI	Name of Limited Liability Con	трапу		
The end	closed Articles of A	Amendment and fee(s) are submitted for filing			
Please	return all соптезрог	ndence concerning this matter to the following	:		
		Lana Cahill, Corporate Legal Assistant			
		Name of F	'erson		
Access Management Co., LLC					
Firm/Company					
	14690 Spring Hill Drive, Suite 101				
		Addre	5.5		
		Spring Hill, Florida 34609	•		
City/State and Zip Code					
		lcahill@ahcpllc.com			
		E-mail address (to be used for fur	ure annual report notifica	ition)	
For fur	ther information co	oncerning this matter, please call:			
L ала С	Cahill	352 at (
Name of Person Area Code Daytime Telephone Number		elephone Number			
Enclos	ed is a check for th	e following amount:			
□ \$2	5.00 Filing Fee	Certificate of Status Certifie	iling Fee & d Copy of copy is enclosed)	☐ S60.00 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

Integral Healthcare, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>108000104526</u> .	y were filed on / /	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "fL.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)		7 JUN 20 AM & IA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our re- ere:	cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street t	
	Enier rionda street i	naress
	City	_, Florida
	Cay	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HCA-Access Health Care Holdings		
			■ Remove
		<u> </u>	Change
MGR	Access Management Co., LLC		₽ Add
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Tective date, if other than the date of effective date is listed, the date must be ote: If the date inserted in this block occurrent's effective date on the Department of the specifies a delayed effective date the record the specifies and the specifies are specified as the specifies and the specifies and the specifies are specified as the specifies and the specifies are specified as the specifies and the specifies are specified as the speci	specific and cannot be price does not meet the application of State's record fective date, but n	cable statutory fili s.	ng requirements, this	filing.) Pursuant to date will not be	: listed n
	3017				
ated June 12	, 2017) nature of a member or aut	·			

Page 3 of 3

Filing Fee: \$25.00