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October 17, 2012

MAILING ADDRESS: P. O. BOX 1507 EVANSVILLE, IN 47706-1507

(i) ALSO ADMITTED IN FLORIDA (ii) ALSO ADMITTED IN KENTUCKY (iii) ALSO ADMITTED IN ILLINOIS (iv) ALSO ADMITTED IN IOWA (v) ALSO ADMITTED IN NEBRASKA (vi) ALSO ADMITTED IN DISTRICT OF COLUMBIA

> *REGISTERED INDIANA CIVIL MEDIATOR

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Astra/CFX South Carolina, LLC

Amendment to Articles

Gentlemen:

Enclosed please find three (3) fully executed copies of Articles of Amendment of the Articles of Organization for Astra/CFX South Carolina, LLC. Please file these Articles of Amendment with your office and return to our office two (2) copies of the same, with your acceptance stamped thereon in the enclosed, self-addressed, postage prepaid envelope.

To cover the cost of filing the Articles of Amendment, we are enclosing our check in the amount of Twenty-Five Dollars (\$25.00).

We shall appreciate receiving the filed and approved copies of the Articles of Amendment at your earliest convenience.

Very truly yours,

RUDOLPH, FINE, PORTER & JOHNSON, LLP

By:

mdf@rfpj.com

Marc D. Fine

MDF:cds Enclosures



COVER LETTER

10:	Division of Cor						
SUBJE	ECT:	Astra/CFX S	outh Carolina, LLC				
50.001	<u> </u>		ted Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		-					
			Name of Person				
			Fine, Porter & Johnson, LLI				
Firm/Company							
	221 N.W. Fifth Street, P.O. Box 1507						
			Address				
	Evansville, IN 47706-1507						
			City/State and Zip Code				
	mdf@rfpj.com E-mail address: (to be used for future annual report notification)						
For fur	ther information o	oncerning this matter, please of	all:				
Crystal D. Schaar Name of Person			at (<u> </u>	22-9444			
		f Person	Area Code & Daytime	Telephone Number			
Enclos	ed is a check for the	he following amount:					
\$25	5.00 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		ration Section	STREET/COURIE Registration Section Division of Corpora				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 OCT 18 AM 11: 28

SLOKETARY OF STATE TALLAHASSEE, FLORIDA,

Astra/CFX South Carolina, 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 Compan	y were filed on	May 1, 2009	and assigned	
Florida document numberL0900004	12658				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company he	ere:		
	N/	A			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lin	nited Liability Comp	nany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if appli	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Patra and malling allows (Countral)		N/A			
Enter new mailing address, if applicable:	7 11/1/10	IVA	· · · · · · · · · · · · · · · · · · ·		
(Muiling address MAY BE A POST OFFICE	<u>: BOX)</u>	- 			
B. If amending the registered agent and	l/or registered o	ffice address on	our records, enter th	e name of the nev	
registered agent and/or the new registered of	office address he	<u>re</u> :			
Name of New Registered Agent:	N/A			<u> </u>	
New Registered Office Address:	N/A				
		Enter Florida street address			
		N/A	, Florida	N/A	
		City	, Florida	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>Address</u> Type of Action Title Name | MGR Sharon A. McTurk 1660 NW 65th Ave., Suite #1 Plantation Florida 33313 Remove Sharon A. McTurk PRES 1660 NW 65th Ave., Suite #1__ Remove Plantation_Florida 33313_____ COO Thomas R. Przybojewski 1660 NW 65th Ave., Suite #1 √ Add Plantation, Florida 33313 Remove ∏ Add Remove \square Add Remove ∏∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member of authorized representative of a member Sharon A. McTurk, Manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00