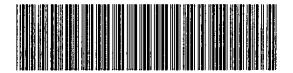
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(Red	questor's Name)			
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N. Cuttigan FEB - 8 2011

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	JECT: Healthcare Savings Solutions Group, L.L.C. Name of Limited Liability Company	
The en	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	se return all correspondence concerning this matter to the following:	
	David J. Gunsteens Name of Person	
	Revenue Cycle Consulting Group, Inc.	
	23336 Key Largo Loop Address	
	Land O Lakes, FL 34639 City/State and Zip Code	_
	<u>david.gunsteens@centers4health.com</u> E-mail address: (to be used for future annual report notification)	_
For fur	urther information concerning this matter, please call:	
	David Gunsteens at (727) 232-0111 Name of Person Area Code & Daytime Telephone Number	mber
Enclos	osed is a check for the following amount:	
□\$25	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & tified Copy litional 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

DIVISION OF CORPORATION	
CORPORATION	•

		II REE	3-7 AH 10= 51
Healthcare Sav	ings Solutions Grou	p, L.L.C.	. 71100 51
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
(·	<i>,</i>	
The Articles of Organization for this Limited Liability	Company were filed on	07/15/09	and assigned
Florida document numberL0900068447	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company he	<u>re</u> :	
Cente	rs 4 Health, L.L.C.		
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
	<u> </u>		
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Maning numers MAT BE AT OUT OF THE BOAT			
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, <u>enter</u>	the name of the new
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ada	lress
		, Florida	
	City	, rivilua	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 **Type of Action** Title **Address** Name 1700 West Carriage Drive Titusville, FL 32796 Lisa Alexander ✓ Add **MGRM** Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add □ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 4 Signature of a member or authorized representative of a member David J. Gunsteens
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00