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ACCOUNT NO. : I2000000195 REFERENCE : 988459 4354503 AUTHORIZATION COST LIMIT ORDER DATE: November 21, 2011 ORDER TIME : 4:06 PM ORDER NO. : 988459-015 CUSTOMER NO: 4354503 DOMESTIC AMENDMENT FILING NAME: ELEUS HEALTH MANAGEMENT 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: Troy Todd -- EXT# 2940

## **COVER LETTER**

TO: Registration S Division of Co	Section Orporations		4
SUBJECT: ELEUS	HEALTH MANAGEME	ENT LLC	1. A.
	(Name of Li	mited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	-	· ·	
	Elizabeth Arno		
		(Name of Person)	· · · · · · · · · · · · · · · · · · ·
	c/o DLA Piper LLP (	(2IF	
	oro Destripor Edit (	(Firm/Company)	<del></del>
	1251 Avenue of the	Americas, 26th Floor (Address)	
		(Abdress)	
	New York, NY 1002	0	
	\ <u>\</u>	(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
Debra Howe		at (561 ) 801-7600	
(Name of Person)			ime Telephone Number)
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THOY ZC	3	FILED STATE
_	1:31	芸芸

		IANAGEMENT LLC	 ن	
(Name of the Limited	Liability Compai Florida Limited L	ny as it now appears on our records.' lability Company)	,	
The Articles of Organization for this Limited L	iability Company	were filed on 09/01/2009	and assigned	
Florida document number L09000084475	<del></del>			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
ELEUS HEALTH SERVICES LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ted Liability Company," the designatio	n "LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	n/a		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/	ne registered off	ico address on our records ants	or the name of the new	
registered agent and/or the new registered of			n the hame of the new	
Name of New Registered Agent:	n/a			
New Registered Office Address:				
(Enter Florida street address)				
		(City)	(Zip Code)	
New Desistered Agentic Cimeture if shareing I				

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)

Page 1 of 2

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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			
<del></del>			Add Remove
<del></del>			
<del></del> .			
<del></del>			
). If amendi n/a		ge(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
Dated Nove	mber 16 , 2011		<del>-</del>
-		er or authorized representative of a member	
-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00