

L090VVU84477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

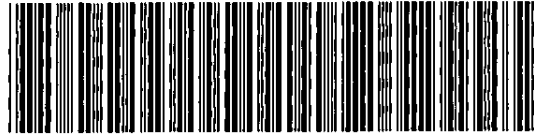
(Document Number)

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B. KOHR  
NOV 22 2011  
EXAMINER



300212026573

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 NOV 22 AM 10:49  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31



CORPORATION SERVICE COMPANY

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31

ACCOUNT NO. : I20000000195

REFERENCE : 988459 4354503

AUTHORIZATION

COST LIMIT : \$ 25.00

*[Signature]*

ORDER DATE : November 21, 2011

ORDER TIME : 4:07 PM

ORDER NO. : 988459-020

CUSTOMER NO: 4354503

DOMESTIC AMENDMENT FILING

NAME: EPONA HEALTH MANAGEMENT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EPONA HEALTH MANAGEMENT LLC  
(Name of Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Arno

(Name of Person)

c/o DLA Piper LLP (US)

(Firm/Company)

1251 Avenue of the Americas, 26th Floor

(Address)

New York, NY 10020

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Howe

(Name of Person)

at ( 561 ) 801-7600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 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  
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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 22 PM 1:31

**EPONA HEALTH MANAGEMENT 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 Company were filed on 09/01/2009 and assigned  
Florida document number L09000084477.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

EPONA HEALTH SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

n/a

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(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>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 16, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Debra Howe  
\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00