L10000029202

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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APR 15 2016 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 102852 5168766

AUTHORIZATION: Symbolic

COST LIMIT : \$ 25.00

ORDER DATE: April 14, 2016

ORDER TIME : 1:04 PM

ORDER NO. : 102852-005

CUSTOMER NO: 5168766

DOMESTIC AMENDMENT FILING

NAME: INNOVATIVE MEDICAL MANAGEMENT

SOLUTIONS, 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

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MANAGEMENT SOLUTIONS, LLC									
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) d Liability Company)									
	ny were filed on March 16, 2010	and assigned								
lorida document number L10000029202										
his amendment is submitted to amend the following:										
(Name of the Limited Liability Company as it now apnear on our records.) (A'Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 16, 2010 and assigned Florida document number L10000029202 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailting 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 megistered agent and/or the new registered office address here:	. If amending name, enter the new name of the limited liability company here:									
he new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation "LLC" or t	he abbreviation "L.L.C."								
Enter new principal offices address, if applicable:	*** · · · · · · · · · · · · · · · · · ·									
Principal office address MUST BE A STREET ADDRESS)										
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Mailing address MAY BE A POST OFFICE BOX)										
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egistered agent and/or the new registered office address he	<u>ere</u> :									
Name of New Registered Agent:										
New Registered Office Address:										
	Enter Florida street address									
	, Florida	a								
	City	7in 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Jeff Sapp	2912 Carl Terrace	☐ Add
		Orlando, FL 32804	■ Remove
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	,		Remove
·		□ Change	
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	specifies a dela h day after the		late, but not a	an effective tim	ne, at 12:01 a.m	on the earlier	of
ted. Apri		1	2016	·			
	By: NH Operat	or Holdings VI	LLC fole m	Amber			
-	Ву:	Signature of a r	nember or authori:	d representative of	a member	- 22 -	٥
	B 110	,	()		AH P	
	Ronald S	wartz, Vice Preside	ent & CFO Typed or printed:	name of signee			
			. ypon or printed	or signed			
			Page 3	of 3		AH 8: OF STA	