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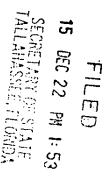
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEC 2 3 2015

S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
Gericare I	dealthQuest				
500/201	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	Giovanni Baula				
		Name of Person			
	Gericare HealthQuest				
		Firm/Company			
	3600 Central Avenue			SEI SEI	
		Address		LANGE BO	-71
	St Petersburg, FL 33711			C 22	FILED
	manager@healthquestfloric			12 E	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)	PH 1: 53 HE STATE HE LONDA	
Lorri Laczynski		727 329-8607			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
MAII	JNG ADDRESS:	STRFET/COURIE	R ADDRESS.		

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 ARTICLES OF ORGANIZATION **OF**

Gericare HealthQuest	2 11 122 6		
(Name of the Lim	(A Florida Limited l	ny as it now appears on our record Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
HealthQuest Florida			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3600 Central Avenue	
(Principal office address MUST BE A STRE		St Petersburg, FL 33711	SE 5
Enter new mailing address, if applicable:		3600 Central Avenue	C 22
(Mailing address MAY BE A POST OFFICE BOX)		St Petersburg, FL 33711	10 32 D
			<u> </u>
			<u>0</u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of office address here	fice address on our records e:	s, enter the name of the new
Name of New Registered Agent:	Giovanni Baula		
New Registered Office Address:	3600 Central A	venue	
	10-10-1	Enter Florida street addres	.z
	St Petersburg	. Flo	orida 33711
		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 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

Page 1 of 3

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1

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

Type of Action Title <u>Address</u> <u>Name</u> _ 🗆 Add □ Remove _□ Change □ Add _□ Remove ☐ Change $\overline{\sigma}$ Remoyer P C Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _ Change

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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the application and the date on the Department of State's records.	able statutory filing re	(optiona than 90 days after filin equirements, this day	g.) Pursuant to	605.0207 (3 listed as th
record specifies a delayed effective date, but not he 90th day after the record is filed.	t an effective tim	e, at 12:01 a.m	. on the ea	rlier of:
ed December 21 2015.				
· /	 ·			
<i>/</i>				
Signature of a plember or author				

Page 3 of 3

Filing Fee: \$25.00