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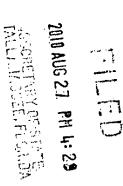
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C. LEWIS

AUG 3 0 2010

EXAMINER

COVER LETTER

TO:	Registration Sector Division of Corporate Corp		w j				
SUBJE	CTi** *	ADVA	NCARE LLC				
		Name of Limi	ted Liability Company				
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
			NATALIA GARCIA				
			Name of Person				
	ADVANCARE LLC						
			Firm/Company				
		2600 I	DOUGLAS RD SUITE 805				
			Address				
			CORAL GABLES				
			City/State and Zip Code				
			A@BUSINESSLINKLLC.N to be used for future annual report noti				
For fur	ther information cor	ncerning this matter, please o	·	neanony			
NATALIA GARCIA Name of Person		at (305)	4415321 ne Telephone Number				
	······································	(4301)	That could be say in	ie reiepiene (vamee)			
Enclose	ed 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

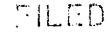
MAILING ADDRESS:

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



2010 AUG 27 PM 4: 29 ADVANCARE LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 07/07/2010 and assigned L10000071537 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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: New Registered Office Address: Enter Florida street address . Florida Zip Code City

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 Title Name Address **Type of Action** MGRM **BUSINESS LINK LLC** 2600 DOUGLAS RD SUITE 805 √ Add CORAL GABLES, FLORIDA 33134 ☐ Remove ☐ Add □ Remove ☐ Add _ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **TAX IDENTIFICATION NUMBER: 273219802** Attach please find letter of an assigned employer identification number 08/16 2010 Signature of a member or authorized representative of a member Juan Carlos Zuniga Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00