· L110000042245

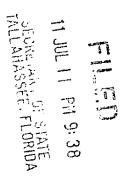
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B. BOSTICK

JUL 1 2 2011

COVER LETTER

то: '	Registration Section Division of Corpora		•	te of the state o			
SUBJE	CCT:	Continue	Healthcare, LLC				
			nited Liability Company				
The end	closed Articles of Ame	endment and fee(s) are su	bmitted for filing.				
Please i	return all corresponder	nce concerning this matte	r to the following:				
	_		Carlos de Solo				
			Name of Person				
	_	Conti	nue Health car Firm/Company	re, LCC			
	_	9703	Firm/Company South Dixie Address	Hichway	<u>Suite</u> 10) <i>/</i>	
	-		FL 3315 City/State and Zip Code			11 11	
	_		Solo @ amail (to be used for futur annual r		##SSE	ニニ	A STATE OF THE STA
For furt	her information conce.	rning this matter, please of	()	-		PM 9: 38	
		de Solo	at (_786_)	2528		38 38	
	Name of Pers	con	Area Code	& Daytime Teleph	ione Number		
Enclose	d is a check for the fol	lowing amount:					
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is		\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	osed)

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

Continue Heal	thcare, L.L.C.				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Company	were filed on4/08	/2011 and assigned			
Florida document numberL11000042245					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the de	signation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	9703 South Dixie Hig				
(Principal office address MUST BE A STREET ADDRESS)	Suite 101	TALE 1			
	Miami, FL 33156	A E TI			
		U) E			
Enter new mailing address, if applicable:	9703 South Dixie High	hway me n			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 101	For 9			
	Miami, FL 33156	ORIGO			
		>			
B. If amending the registered agent and/or registered of		ds, enter the name of the nev			
registered agent and/or the new registered office address here	2:				
Name of New Registered Agent:					
New Registered Office Address: 9703 South	Dixie Highway Suite 10	01			
	Enter Florida street address				
	Miami	Florida 33156			
	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 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> Name 1 **Address Type of Action MGRM** Carlos A de Solo 9703 South Dixie Highway ☐ Add Suite 101 ✓ Remove Miami , FL 33156 MGRM Cristina de Solo 9703 South Dixie Highway ☐ Add ✓ Remove Suite 101 Miami , FL 33156 MGRM Alberto R de Solo 9703 South Dixie Highway Suite 101 √ Remove Miami . FL 33156 Managed Healthcare Radas MGRM 9703 South Dixie Highway Remove Suite 101 __ Miami , FL 33156 Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Cristina de Solo

Filing Fee: \$25.00