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K.SALY EXAMINER AUG 30 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Joseph N. De Vera.
	Name of Person Continue Healthcare, LLC Firm/Company
	3400 Coral Way, 5th FL
	City/State and Zip Code Jolevera @ mhpmed. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, } \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF OR	GANIZATION
OF	FILED
(, ,) 11	12 AUG 20
Continue Healt	have LLC 5 PM 12: 33
(Name of the Limited Liability Company	as it now appears on our records.) / All All All All Company
(A Florida Limited Lie	vas it now appears on our records.) I All AMASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company v	vere filed on 4 8 2011 and assigned
lorida document number <u>L11 00 0 0 4 22 4 5</u>	1 1
This amendment is submitted to amend the following:	
ins attendition is submitted to amend the following.	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address most 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 here:	
egistered agent and or the new registered corner actives here.	
Name of New Projectored Agents	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	<u> </u>

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.

City

Zip Code

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 **Address Type of Action** Title Name MGRM Metro Health Investments, □ Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee