

(Da	anna ata da Alaman				
(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)·			
PICK-UP		MAIL			
	<u> </u>				
	. و و در مسر				
(Bu:	siness Entity Nan	ne)			
•					
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to I	Filing Officer:	1			
		ĺ			
		į			
		}			
		ł			

Office Use Only



300209813353

01/03/12--01003--001 **25.00

FILED
2011 DEC 30 AM 9: 56
SECRETARY OF STATE
TALLAHASSEF F. STATE



COVER LETTER

то:	Registration S Division of Co				
SUBJ	ECT:	MSPRI	H Sumter, LLC		
			ited Liability Company		
		f Amendment and fee(s) are surpondence concerning this matter	_		
			Kimberly Hill		
			Name of Person	75. 102	l l
M		SPRH Knightdale, LLC	LEGI DEC	_	
		Firm/Company	30	~	
			3930 Max Place	SEE OF THE	خ
			Address	- Fr	
		_		TALLAHASSEE, FLURID	
		Boy	ynton Beach, FL 33436 City/State and Zip Code	7	
		roi	•		
		E-mail address: (myna@mspmgmt.com to be used for future annual report n	otification)	
For fu	ther information	concerning this matter, please of	call:		
	Ror	nyna Sheehan	at (561)	742-9290	
Name of Person			rtime Telephone Number		
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		LING ADDRESS:		URIER ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Cor Clifton Buildin	porations		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2011

KIMERLY HILL MSPRH KNIGHTDALE, LLC 3930 MAX PLACE BOYNTON BEACH, FL 33436

SUBJECT: MSPRH SUMTER, LLC

Ref. Number: L11000122434



We have received your document for MSPRH SUMTER, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State of for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00028150

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSPRI	H Sumter, LLC		· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability C (A Florida Lin	Company as it now appear nited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Cor Florida document numberL11000122434	mpany were filed on	10/21/11	and assigned	
This amendment is submitted to amend the following:			•	
A. If amending name, enter the new name of the limite	d liability company here	e :		
MSPRHI	Knightdale, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	···	H 3	
Enter new mailing address, if applicable:			SEE, FLORIDA	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ur records, <u>enter</u>	the name of the new	
New Registered Office Address:			·	
	Ente	er Florida street add	tress	
	, Florida			
	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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** Kimberly Hill Add Remove ☐ Add □ Remove ■Add Remove ∏Add Remove \prod 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 Michael Haller
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00