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| Certified Copies Certificates of Status | |
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| Consist Instructions to Filling Officer | |
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COVER LETTER

| Division of Co | orporations | | | |
|---|--|---|--|--|
| SUBJECT: | N | ewtrition, LLC | | |
| SUBSECT. | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corresp | condence concerning this matte | r to the following: | | |
| | | John S, Elias | ··· | |
| | | Name of Person | | |
| | Elias, | Meginnes, Riffle & Seghetti, P.C. Firm/Company | | |
| 416 Main Street, Ste. 1400 | | | | |
| | | Address | _ | |
| | Peoria, IL 61602 | | | |
| | | City/State and Zip Code ddewitte@emrslaw.com | | |
| | E-mail address: | to be used for future annual report notific | cation) | |
| For further information | concerning this matter, please | call: | | |
| | John S. Elias | at (<u>309</u>) | 637-6000 | |
| Name | of Person | Area Code & Daytime | Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| \$25.00 Filing Fee The state of the | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILING ADDDESS. | | CTREET/COURT | CB ADDRESS. | |

MAILING ADDRESS:

Registration Section

TO:

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

ELIAS, MEGINNES, RIFFLE & SEGHETTI, P.C.

ATTORNEYS AT LAW

JOHN S. ELIAS BRIAN J. MEGINNES ROBERT M. RIFFLE MICHAEL R. SEGHETTI TROY N. PUDIK 416 Main Street, Suite 1400 Peoria, Illinois 61602-1611 Telephone: (309) 637-6000 Facsimile: (309) 637-8514 www.emrslaw.com DAVID N. SCHELLENBERG JANAKI NAIR LANE G. ALSTER CYNTHIA L. ELIAS, OF COUNSEL

File No: 32437-001

April 16, 2012

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Articles of Amendment

To Whom It May Concern:

Please find enclosed Articles of Amendment to Articles of Organization for Newtrition, LLC, changing its name to SHUR Smart Health Resources, LLC, along with a \$25.00 check for the filing fees.

Please file the Articles of Amendment and return proof of the filing to me. I have enclosed a self-addressed, postage prepaid envelope for your convenience.

Please call me with any questions.

Very truly yours,

ohn S. Elias

JSE/dd 812-0469 Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF SIME DIVISION OF CORPORATIONS

12 APR 17 AM 10: 45

| | Newtrition, LLC | | |
|---|---|----------------------------|-------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appea a Limited Liability Company) | ers on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | January 19, 2012 | and assigned |
| Florida document number L12000008968 | <u>.</u> | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability company he | <u>re</u> : | |
| | nart Health Resources, LLC | | |
| The new name must be distinguishable and end with the w 'L.L.C." | vords "Limited Liability Comp | eany," the designation "Ll | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| B. If amending the registered agent and/or reg | | our records, enter th | e name of the ne |
| registered agent and/or the new registered office ad | itti ess nei e. | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida street address , Florida | | |
| | | | |
| _ | City | , Prorida | Zip Code |
| New Registered Agent's Signature, if changing Register | red Agent: | | |
| hereby accept the appointment as registered agen he provisions of all statutes relative to the proper of | and complete performance | e of my duties, and I ar | n familiar with and |
| accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change | red office address, I hereb | | |

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:

| MGRM = 1 | Managing Member | • | |
|--------------|--|---|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| D. If amen | ding any other information, enter chan | nge(s) here: (Attach additional sheets, if necessary.) | - 0 |
| | | | SECHETARY DIVISION OF COL 12 APR 17 |
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| Dated | | stri Lus | |
| | - 7 | er or authorized representative of a member ristin N. Lund, Manager | • |
| | | ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager