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J. BRYAN

MAY - 2 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration So Division of Co				
SUBJECT: SVHG			Holdings, LLC		
			ited Liability Company		
		Amendment and fee(s) are sub			
Please	return all correspo	ondence concerning this matter	to the following:		
Cc			olleen M. Powers, Esq.	<del> </del>	. 10
		Hall Bende	er, Killian, Heath & Lyman,	P.C	TI TI
			Firm/Company	1,0.	THE PROPERTY OF THE PROPERTY O
			n Square, Suite 2000, Box	82064	TALLETASSEE, FLORIG
		Ir	ndianapolis, IN 46282		ORION 35
			City/State and Zip Code	<del></del>	·
		cpc	owers@hallrender.com to be used for future annual report notif	cotion	
For fur	ther information of	concerning this matter, please o	·	<i>leation</i>	
		M. Powers, Esq.	at ()	633-4884	
	Name o	of Person	Area Code & Daytim	e Telephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	VHG Holdings, LLC					
(Name of the Limited Lia (A Flo	bility Company as it now appea orida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liabil  Florida document number L1200005279	· · · · —	April 18, 2012	and assigned			
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the		r <u>e</u> :	SECAL AND PROVIDENCE OF THE ABBREWIGHTON			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	uny," the designation "Ll	C" or the abbreviation			
Enter new principal offices address, if applicable	e:		<u>g</u> m			
(Principal office address MUST BE A STREET A	DDRESS)		•			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>					
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on o address here:	our records, <u>enter th</u>	e name of the new			
Name of New Registered Agent:		<u> </u>				
New Registered Office Address:	Eni	er Florida street addre	ess			
	F31* I -					
_	City	, Florida	Zip Code			
New Registered Agent's Signature, if changing Regis	tered 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

MGR	M = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	· · · · · · · · · · · · · · · · · · ·		Add ☐ Remove	
		- <del> </del>	Add Remove	
			Add Semove	
	<u> </u>		— Hemove	
			Add Remove	
			Add Remove	
D. If a	r	change(s) here: (Attach additional sheets, if necessary.) urpose for which this Limited Liability Company		
	_	perate an occupational health center;	_	
		additional occupational health/urgent care	<del></del>	
	centers in and around Jacksonville, FL;  3) To engage in all lawful activities related or incidental thereto.			
Dated _	April 25	2012 .	_	
	Signature of a m	ember or authorized representative of a member		
	(	Colleen M. Powers, Esq.		
	7	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00