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SECRETARY OF STATE

K. SALY JUN 19 2017

COVER LETTER

re, LLC Name of Limit		
Name of Limit		
	ed Liability Company	
	•	
nce concerning this matter to	o the following:	
Lana Cahill, Corporate Legi	al Assistant	
	Name of Person	
Access Management Co., L		
	Firm/Company	
14690 Spring Hill Drive, Su	nite 101	
	Address	
Spring Hill, Florida 34609		
cabili@abcalle.com	City/State and Zip Code	
	o be used for future annual report notific	ation)
erning this matter, please ca	11:	
	352 799-0046	
гэол	Area Code Daytime	Telephone Number
ollowing amount.		
□ \$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)
	endment and fec(s) are subnince concerning this matter to Lana Cahill, Corporate Legis Access Management Co., L 14690 Spring Hill Drive, St Spring Hill, Florida 34609 cahill@ahcpllc.com E-mail address: (to eming this matter, please can be concerned to the c	Access Management Co., LLC Firm/Company 14690 Spring Hill Drive, Suite 101 Address Spring Hill, Florida 34609 City/State and Zip Code cahill@ahcpllc.com E-mail address: (to be used for future annual report notific erming this matter, please call: at (

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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Unity Healthcare, LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con- Florida document number L12000055213	npany were filed on 4/24/12 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:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	(SS)
	•
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, enter the name of the neess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Ditter Florida Street address
	Cir: , Florida
	t iiv Zin 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	HCA-Access Healthcare Holdings		
		******	■ Remove
			☐ Change
MGR	Access Management Co , LLC		
			□ Remove
			Change
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ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605 0207 (3)(b) requirements, this date will not be listed as the
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of:
Signature of a member or authorized representative of	

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