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FILED SECRETARY OF STATE SIVISION OF CORPORATIONS

MARTIN, SHUDT, WALLACE, DILORENZO & JOHNSON

ATTORNEYS AT LAW

258 Hoosick Street Suite 201 Troy, New York 12180 (518) 272-6565 Fax (518) 272-5573

www.martinshudt.com

devans@martinshudt.com

Direct Dial: 518-469-6339

August 15, 2012

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Rational Intelligence Healthcare Partners, LLC and RI Partners, LLC

Dear Sir/Madam:

Enclosed are forms authorizing the change in registered agent for Rational Intelligence Healthcare Partners, LLC and R1 Partners, LLC, along with a check in the amount of \$50.00 to cover the fees associated herewith.

Please return a time-stamped receipt for each of the above-mentioned LLC's. For your convenience, we enclose a self-addressed, stamped envelope.

Very truly yours,

David I Evans

David L. Evans

Enclosures

DLE:P.\CQuintana\WPFiles\DAVE EVANS\Rational Intelligence\Florida dept of state 8 15 12 wpd

COVER LETTER

Divisio	n of Corp	porations		
SUBJECT:	F	Rational Intelligence	Healthcare Partners,	LLC 🗐 "
			ted Liability Company	LLC 12 Mes 21 PM 3.
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter to the following:			Ť.	
				•
	David Evans Name of Person			
			Traine of Leason	
	Martin, Shudt, Wallace, DiLorenzo & Johnson Firm/Company			ohnson
			TimeCompany	
	258 Hoosick Street, Suite 201 Address			
			71441233	
		Т	roy, New York 12180 City/State and Zip Code	
		DEV	vans@martinshudt.com	
		E-mail address: (to be used for future annual report no	dification)
For further infor	rmation co	oncerning this matter, please of	eall:	
	Da	avid Evans	at (_518_)	272-6565
	Name of	f Person	Area Code & Dayti	me Telephone Number
		ne following amount:	[]055 00 Eilion For 8	Second Elling Foo
\$25.00 Filing	g ree	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	ING ADDRESS:	STREET/COU	RIER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corp		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive		
rananassee, FL 52514		Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rational Intelligence Healthcare Partners, LLC (Name of the Limited Liability Company as it now appears on our records.)

	riorida Limited Liability Company)		7
The Articles of Organization for this Limited L Florida document number L1200005		April 30, 2012	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	ere:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter t	the name of the new
Name of New Registered Agent:	Carlo Gambino		
New Registered Office Address:	1111 Lincoln Drive		
		Inter Florida street ada	ress
	Miami Beach	, Florida	33139
N. Davids and A. and Circustum if the artist	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma $MGRM = Ma$	anager Managing Member	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
_			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)
_			<u> </u>
	August 8, 2012	·	
	Signature of a member	er or authorized representative of a member	·
	David !	L. Evans	
	i ype	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00