

L12000057912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

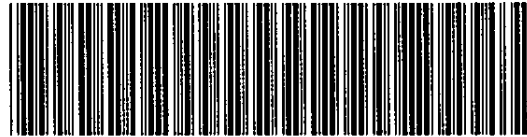
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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12 AUG 27 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 28 2012

EXAMINER

**COVER LETTER.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RATIONAL INTELLIGENCE HEALTHCARE PARTNERS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DAVID L. EVANS**

Name of Person

**MARTIN SHUDT ET AL**

Firm/Company

**258 HOOSICK ST, SUITE 201**

Address

**TROY, NY 12180**

City/State and Zip Code

**DEVANS@MARTINSHUDT.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAVID L. EVANS**

Name of Person

at ( **518** )

**469-6339**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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 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  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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RATIONAL INTELLIGENCE HEALTHCARE PARTNERS, LLC

Page 1 of 2

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:

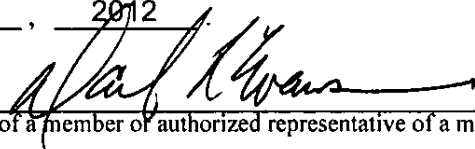
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 22, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DAVID L. EVANS

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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