# L12000057912

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

D. BRUCE

AUG 28 2012

**EXAMINER** 

# COVER LETTER.

TO: Registration Section
Division of Corporations

# SUBJECT: RATIONAL INTELLIGENCE HEALTHCARE PARTNERS, LL

Name of Limited Liability Company

The enclosed	Articles of	Amendment	and fee(s) a	re submitted	for filing

Please return all correspondence concerning this matter to the following:

	M			
	Firm/Company			
	258 HOOSICK ST, SUITE 201			
	Address			
	TROY, NY 12180			
	City/State and Zip Code			1
		IS@MARTINSHUDT.		72.
	E-man address: (	o be used for future annual repo	ort notification)	
For further information con	cerning this matter, please of	all:		IZ AUG 27 SECRETARI ALLAHASS
	D L. EVANS	at (_518 )	469-6339	
Name of F	erson	Area Code &	Daytime Telephone Number	3: <b>43</b> FLORIDA
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 e	•	of Status &

#### 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



# 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.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document numberL12000057912	• •	APRIL 30, 2012	_ and assigned	
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability company he	ere:		
RATIONAL HEALTHCA	RE INTELLIGENCE PA	ARTNERS, LLC		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Comp	pany," the designation "LLO	C" or the abbreviation	
Enter new principal offices address, if applicable:	w		₽S →	
(Principal office address MUST BE A STREET AD	DRESS)		<u>≥</u>	
			HAN 2	
			RY ILE	
Enter new mailing address, if applicable:			- 무 B - B - B - B - B - B - B - B - B -	
(Mailing address MAY BE A POST OFFICE BOX)		-		
			Öm &	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
_	City		Zip Code	
New Registered Agent's Signature, if changing Register	ered 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 MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove \_ Add Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 22** Dated Signature of a member of authorized representative of a member DAVID L. EVANS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00