## Division of brporatid

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878~5368

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LFOURC, LLC

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6/11/2012

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CT CORPORATION

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## COVER LETTER

TO:	Registration Sec Division of Corp	dion porations		
SUBJI	SCT:	LFC	OURC, LLC	
		Name of Limi	ited Liability Company	
The en	closed Articles of /	Amendment and fee(s) are suf	omitted for filing,	
Please	retum all correspon	idence concerning this matter	to the following:	
			Name of Person esigns for Health, Inc.	
			980 South Street	
			Address	<del></del>
			Suffield, CT 06078	
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future nanual report notifies	tion)
For fu	ther information co	noeming this matter, please o	all;	
		n M. Carruthers		21-4507
•	Name of	Person	Area Code & Daytime. I	elephone Number
Enclos	ed is a check for the	: following amount:		
<b>□</b> \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Cariffied Copy (additional copy is enclosed)	Sec. 00 Filing Fee, Cordificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, 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

	<b>LFO</b> ⊍	RC, LLC			
(Nac	e of the Limited Liability Com (A Florida Limite	pany as it pow appea d Liability Company)	rs on our records.)	<del>;</del>	
The Articles of Organization for Plorida document number	r this Limited Liability Compa L12000059804	ny were filed on	May 22, 2012	and assigned	
This amendment is submitted to	o amend the following:				
A. If umending name, enter t	he new name of the limited li	ability company her	re:		
The new name must be distinguis	hable and end with the words "L	Imited Liability Compa	any," the designation "L	LC" or the abbrevia	ilon
Enter new principal offices ac	idress, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUS	T BE A STREET ADDRESS			·	_
Enter new malling address, if (Mailling address MAY BE A I)  B. If amouding the register registered agent and/or the new Name of New Register.	POST OFFICE BOX) red agent and/or registered my registered office address h		our records, <u>enter t</u>	he name of the n	 -  
New Registered Office	e Address:				_
	Enter Florida street address				
			, Florida		•
nt 70 to 4 to 4 to 4	an an anna an	City		Zip Code	_
New Registered Agent's Signate I hereby accept the appointme the provisions of all statutes r accept the obligations of my p being filed to merely reflect a company has been notified in	ent as registered agent and a relative to the proper and con position as registered agent a change in the registered offi writing of this change.	gree to act in this c nplete performance is provided for in C ice address, I hereb	of my duties, and I a hapter 608, F.S. Or, y confirm that the lim	on familiar mili a if this document is ited liability	12 JUNJ 1 FM I
		hanging Registered Age e 1 of 2	eat, Signature of New Res	And	 69 199

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 ≈ M MGRM = 1	enager Managing Member		
Title	Name	Address	Type of Action
MGR	Robert Abshire	28 Diamond Hill Redding, CT 06896	Add      Add     Remove
MGR_	William Schettini	6 Tannery Lane North Weston, CT 06883	Add Remove
MGR_	Jonathan Lizotte	87 Island Estates Palm Coast, FL 32137	✓ Add  Remove
MGR	Philip Lizotte	394 Hadley Street S. Hadley, MA 01075	Add Remove
<del></del>			Add Remove
			Add
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if necess	<del>47).)</del>
	June 11		<del></del>
	Signatur	e of a member or authorized representative of a member	***
		Michael Charland Typed or printed name of signee	<del></del>
		Page 2 of 2	

Filing Fee: \$25.00