L12000065071

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- COVER LETTER

TO: Registration Security Division of Cor		
Acuity H	lealthcare Solutions, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Picase return all correspo	ondence concerning this matter to the following:	
	Leah Macclellan	
	Name of Person	
	Acuity Healthcare Solutions, LLC	
	Firm/Company	
	7077 Bonneval Rd, Ste 450	
	Address	
	Jacksonville, FL 32216-1800	
	City/State and Zip Code	
	E-mail address. (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Leah Macclellan	904 386-2222	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	f Status &

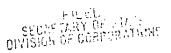
MAILING ADDRESS:

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



15 APR -3 PM 1:21

Acuity Healthcare Solutions, 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 Company Florida document number <u>L12000065071</u>	were filed on 05/12/2012	_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:	7077 Bonneval Rd, Ste 450		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32216-1800		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7077 Bonneval Rd, Ste 450 Jacksonville, FL 32216-1800		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the nev	
Navy Registered Office Address:			
new registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	7077 Bonneval Rd, Ste 450 Jacksonville, FL 32216-1800 Office address on our records, enter the re: Enter Florida street address , Florida		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
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). If amending any other information, enter change(s) here: (Attach additional sheets,	ij necessary.)	
	SELACIARY DIVISION OF CL	DF STATE OF STATE RECRITIC
	15 APR -3	
C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State)	(optional) 0 days after	-
Dated 3-31-15 Hah Wae Cel		
Signature of a member or authorized representative of a member		
Leah Macclellan		
Typed or printed name of signee		

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Filing Fee: \$25.00