

L130000018153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

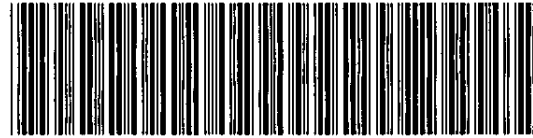
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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800263282708

EFFECTIVE DATE

1-1-15

RECEIVED
DEPARTMENT OF STATE
14 DEC 29 AM 11:10

FILED
14 DEC 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 2014

T. BROWN

ACCOUNT NO. : I20000000195

REFERENCE : 436313 7732109

AUTHORIZATION :

COST LIMIT : \$60.00

ORDER DATE : December 26, 2014

ORDER TIME : 4:20 PM

ORDER NO. : 436313-030

CUSTOMER NO: 7732109

DOMESTIC AMENDMENT FILING

NAME: ALL-MED MANAGEMENT SYSTEMS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All-Med Management Systems 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:

Lori A. Jackson

Name of Person

Univita Health Inc.

Firm/Company

15800 SW 25th Street

Address

Miramar, FL 33027

City/State and Zip Code

Info@cscglobal.com

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

For further information concerning this matter, please call:

Lori Jackson

at 888 914-2201

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All-Med Management Systems LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 DEC 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/01/2013 and assigned
Florida document number L13000018153.

This amendment is submitted to amend the following:

EFFECTIVE DATE
1-1-15

A. If amending name, enter the new name of the limited liability company here:

Univita Homecare Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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 = Manager

AMBR = Authorized Member

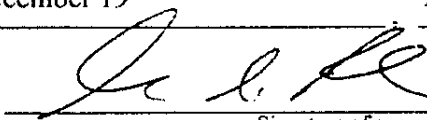
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Univita Homecare Holdings LLC	15800 SW 25th Street	<input checked="" type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
MBR	Arrow Holdings LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
S	Douglas D. Byrd	20 Tremont Street, Suite 16	<input checked="" type="checkbox"/> Add
		Duxbury, MA 02332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: January 1, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 19 2014



Signature of a member or authorized representative of a member

Douglas D. Byrd, Secretary

Typed or printed name of signee