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MAY - 6 2013

EXAMINER 5/3/2013 COVER LETTER

(((H13000101080 3)))

TO:

Registration Section Division of Corporations

SUBJECT:

Hyacinth, 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:

Robert J. Colucci

Name of Person

Hyacinth, LLC

Firm/Company

4800 N. Federal Highway, Suite C-101

Address

Boca Raton, FL 33431

City/State and Zip Code

rj@sanctuarymedical.com

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

For further information concerning this matter, please call:

David C. Peck

_{...},954,768-8265

Name of Person

Aren Code & Duytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30,00 Filing Fee & Certificate of Status

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(additional copy is enclosed)

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Certificate of Status &
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clirton Building
2661 Executive Canter Circle
Tallahussee, FL 32301

7702201943 >>

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HYACINTH, LLC	
(Nime of the Limited Linbillty Company as It now (A Florida Limited Liability Com	puny)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L13000059462</u> .	April 23, 2013 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	
A. If amending name, enter the new name of the limited liability compa	ny here:
	>
Enter new principal offices address, if applicable:	PS ≡ T
(Princinal office address MUST BE A STREET ADDRESS)	
	ဟို့သို့ ယ
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 registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the new
Maine 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 the provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	nance of my duties, and I am familiar with and rin Chapter 608, F.S. Or, if this document is

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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 = Ma MGRM = N	nager Janaging Member		
Title	Name	Address	Type of Action
MGR	Robert J. Colucci	4800 N. Federal High	ıway 🗸 🗸
		Suite C-101	Remove
		Boca Raton, FI 3343	31
			Remove
			D Adds
			TALLAHA SICOLETA Y
			HASS
			Add T
			8: S. Kemes
			Ramove
			Kanore
			Remove
			C Ramova
			

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D. If amending any other information, e	iter change(s) bere: (4	Attach additional sheets, if necessa	iry.)
May 3	2013		
Dord Cla	_		
David C. Peck		representative of a member	
	Typed or printed nu	me of signee	

Page 3 of 3

Filing Fee: \$25.00

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2013 MAY -3 AM 8: 51

SECRETARY OF STATE

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