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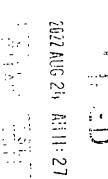
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COVER LETTER

Registration Section

Division of Corporations

TO:

SENTRY SUBJECT:	SENTRY HEALTHCARE SOLUTIONS, LLC						
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	ROY A. MALONE						
		Name of Person					
		Firm/Company					
	11705 BOYETTE ROAD	, SUITE 237					
		Address					
	RIVERVIEW, FL 33569						
		City/State and Zip Code					
	MALONE@SENTRYHEA						
	E-mail address: (to be used for future annual report not	tification)				
For further information	concerning this matter, please c	all:					
ROY A. MALONE		609 306-0876 at ()					
Name of Person			ne 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 Addre Registration		Street Address: Registration Se	ection				
Division of Corporations		Division of Co					
P.O. Box 63		The Centre of					
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

:D

Sentry 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 were filed on January 17th, 2014 and assigned Florida document number 1.14000009988 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sentry Tax & Healthcare Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 __

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□ Встюче
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Filing Fee: \$25.00