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ACCOUNT NO. : 12000000195 REFERENCE : 041146 7984474 AUTHORIZATION : COST LIMIT : ORDER DATE: March 5, 2014 ORDER TIME : 10:06 AM ORDER NO. : 041146-010 CUSTOMER NO: 7984474 DOMESTIC AMENDMENT FILING NAME: NAPLES RHEUMATOLOGY, PLLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

STATMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:		The name of the limited liability cor	npany is:			
		NAPLES RHEUMATOLOGY, PLLC	L14000037924	_		
SECOND:		Document to be corrected is:				
		Articles of Organization		_		
	(CHE	CK THE APPROPRIATE BOX AND (COMPLETE THE APPLICABLE STATEMEN	<u>T</u>		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	The m	nailing address was incorrectly listed as:	400 8th Street North			
			Naples, FL 34102	_		
	The co	orrect mailing address is:	PO Box 3322	•		
			Naples, FL 34102	-		
	OR			-		
☐ Wa	Was d	lefectively signed. The manner in whi priate correction are as follows:	ch the document was defectively signed and t	he		
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	The cl	ectronic transmission of the record wa	as defective.	9		
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Sign	nature	of Authorized Representative	Date			

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