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SECRETARY OF STATE ALLIAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
SHVISION OF CORPORATION

JUN 0 4 2015

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COVER LETTER

TO: Registration Se Division of Cor			¥F ;		
RFT Health					
SUBJECT:	Name of Limi	ited Liability Company			
	Amendment and fee(s) are sub-	•			
Please return all correspo	ndence concerning this matter	to the following.			
	Timothy J. Lyons				
		Name of Person			
	RFT Healthcare, LLC	_			
		Firm/Company			
	8534 Beauchamp Drive				
		Address			
	Jacksonville, Florida 32217	City/State and Zip Code			
	tlyons@rfthc.com				
		to be used for future annual report not	ification)		
For further information co	oncerning this matter, please ca	nH:			
D. Kent Sausaman		at () 448-1969	ne Telephone Number		
Name o	f Person	Area Code Daytin	ie Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status & Copy	SEIAI8 3S
VEC 49			(additional c	copy is enclosed) 35 JU	SECRE VISION
	ING ADDRESS: Ation Section in of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on orations	JUN -3 AM 10: 4 I ECRETARY OF STATE LI.AHASSEE, FLORIDA	TARY OF STA OF CORPORA
Tallaha	assee, FL 32314	2661 Executive C Tallahassec, FL 3		が出上	ATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RFT Healthcare, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 06/12/2014	and assigned		
Florida document number L14000094631				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	Jacksonville, Florida 32217			
Enter new mailing address, if applicable:	8534 Beauchamp Drive			
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32217			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address	SEE RETARY OF STATE DIVISION OF CORPORATION 155 JUN - 3 AN IQ: 4 1 SEE CRETARY OF STATE SEE CRETARY OF STATE TALLAHASSEE, FLORIDA TO STATE TALLAHASSEE, FLORIDA		
<u></u>	, Florida	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR Robert S. Tuttle	Robert S. Tuttle	13017 Brians Creek Drive	
	Jacksonville, Floirda 32224	■ Remove	
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE 45 JUN -3 AM 10: 40 1 Change of STARY OF STATE CHANGE OF STATE ALLAHASSEE FLORIDA
			☐ Add
			□ Change

Timothy J. Lyons Typed or printed name of signee	E _C	- AM IO:	EU Y OF STATI CORPORATI
Dated Timetly Signature of a member or authorized representative of a member	SECREJARY FALLAHASSE	5 JUN -3	FILE ECRETARY SION OF CO
(b) The 90th day after the record is filed. May 19 2015	m. on the e	-A	91VI
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.	ling.) Pursuant t late will not b	e listed	as the
		The second	

Page 3 of 3

Filing Fee: \$25.00