Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (305)592-9591

**Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	:		1		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HRCHEALTH LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

S. WARREN SEP 25 2017

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

HRCHEALTH LLC	
(Name of the Limited Linbil (A Florid	lite Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 08/25/2017 and assigned
lorida document number L17000182216	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the lim	nited liability company here:
IRC HEALTH LLC	
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the idress here:
Name of New Registered Agent:	
•	
New Registered Office Address:	Emer Florida street address
•	
	, Florida

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 A

Page 1 of 3

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

itle	Name	Address	Type of Action	
IGRM	HRC USA LLC	2140 W FLAGLER ST, SUITE 200		
		MIAMI, FL 33135	□ Remove	
			Change	
			□ Add	
			□ Remove	
			Change	
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		<u> </u>	SEP SEP	
			SEP 22 PM CREADARY FROM LLAHASSEE F	

	SO ADD A SPACE IN THE NAME OF MGRM BETWEEN "HRC" AND "USA".
<u></u>	
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_	
etive	e date, if other than the date of filing:
<u>e:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umen	t's effective date on the Department of State's records.
eco:	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	CEPT 22 2017
ed .	
:d	
:d	Signature of a member of autiliprized representative of a member
:d	Signature of a member of autiliprized representative of a member
:d	Signature of a momber of authorized representative of a momber Signature of a momber of authorized representative of a momber EA-BRICA 5. DIA-L-SALMICHAN - ONDEHALF OF POTENSAL HAR Typed or printed name of signee (MEMASSA)