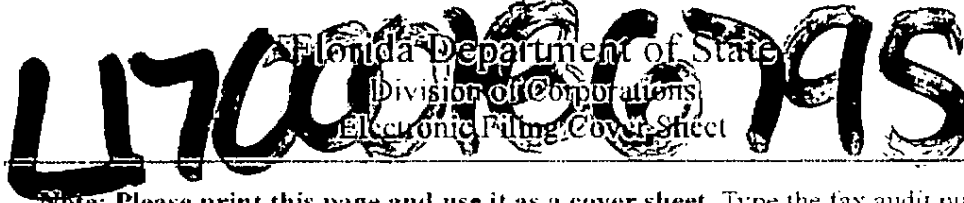


2/9/2018

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000483123)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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FEB 09 2018

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

Email Address: _____

LLC AMND/RESTATE/CORRECT/ORM/MG RESIGN
SYMETRIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. SCOTT
FEB 12 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Symetria, 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 August 31, 2017 and assigned
Florida document number LI7000186795

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Symetria Health of Florida, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1601 Bond Street, Suite 201

(Principal office address MUST BE A STREET ADDRESS)

Naperville, IL 60563

Enter new mailing address, if applicable:

1601 Bond Street, Suite 201

(Mailing address MAY BE A POST OFFICE BOX)

Naperville, IL 60563

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

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Soft-Landing Interventions, LLC	1601 Bond Street, Suite 201	☐ Add
		Naperville, IL 60563	☐ Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.

Dated February 8, 2018.

January 8, 2018.


Signature of a member or authorized representative of a member.

Typed or printed name of signee